

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

PHILIP K. GILMAN, M.D.....President
SAM J. McCLENDON, M.D.....President-Elect
E. VINCENT ASKEY, M.D.....Speaker
LEWIS A. ALESEN, M.D.....Vice-Speaker
PHILIP K. GILMAN, M.D.....Council Chairman
JOHN W. CLINE, M.D...Chairman, Executive Committee
GEORGE H. KRESS, M.D..Secretary-Treasurer and Editor
JOHN HUNTON.....Executive Secretary

EDITORIAL BOARD

Chairman of the Board:

Albert J. Scholl, Los Angeles

Executive Committee:

Lambert B. Coblentz, San Francisco
H. J. Templeton, Oakland
Albert J. Scholl, Los Angeles
George W. Walker, Fresno

Anesthesiology:

William B. Neff, San Francisco
Roscoe C. Olmsted, Pasadena

Dermatology and Syphilology:

William H. Goekerman, Los Angeles
H. J. Templeton, Oakland

Eye, Ear, Nose and Throat:

Frederick C. Cordes, San Francisco
Lawrence K. Gundrum, Los Angeles
George W. Walker, Fresno

General Medicine:

Lambert B. Coblentz, San Francisco
L. Dale Huffman, Hollywood
Mast Wolfson, Monterey

General Surgery (including Orthopedics):

Frederic C. Bost, San Francisco
Fred D. Heegler, Napa
William P. Kroger, Los Angeles

Industrial Medicine and Surgery:

John D. Gillis, Los Angeles
John E. Kirkpatrick, San Francisco

Plastic Surgery:

William S. Kiskadden, Los Angeles
George W. Pierce, San Francisco

Neuropsychiatry:

Olga Bridgman, San Francisco
John B. Doyle, Los Angeles

Obstetrics and Gynecology:

Daniel G. Morton, San Francisco
Donald G. Tollefson, Los Angeles

Pediatrics:

William W. Belford, San Diego
William C. Deamer, San Francisco

Pathology and Bacteriology:

Alvin G. Foord, Pasadena
R. J. Pickard, San Diego

Radiology:

R. R. Newell, San Francisco
John W. Crossan, Los Angeles

Urology:

Frank Hinman, San Francisco
Albert J. Scholl, Los Angeles

Pharmacology:

W. C. Cutting, Menlo Park
Clinton H. Thienes, Los Angeles

OFFICIAL NOTICES

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred Twenty-third (323rd) Meeting of the Council of the California Medical Association

The meeting was called to order in the Green Room of the Hotel Fairmont, in San Francisco, at 10:00 A.M., on Sunday, February 25, 1945.

1. Roll Call:

Present: Councilors Philip K. Gilman, Chairman; Lowell S. Goin, Karl L. Schaupp, E. Vincent Askey, E. Earl Moody, Edwin L. Bruck, Dewey R. Powell, Sam J. McCleendon, Edward B. Dewey, Sidney J. Shipman, Herbert A. Johnston, Donald Cass, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and George H. Kress, Secretary.

Present by Invitation: L. A. Alesen, M.D., Vice-Speaker; Dwight H. Murray, M.D., Chairman Committee on Public Policy and Legislation; T. Henshaw Kelly, M.D., C.P.S. Trustee; John Hunton, Executive Secretary; A. E. Larsen, M.D., Medical Director, C.P.S.; Hartley F. Peart, Legal Counsel; Howard Hassard, Associate Legal Counsel; Clem Whitaker, Public Relations Counsel; Ben Read, Secretary California Public Health League; W. Glenn Ebersole; H. J. Templeton, M.D., Alameda County; Rollen Waterson of Gary, Indiana; H. Clifford Loos, M.D., Los Angeles; and Sidney N. Parkinson, M.D., Alameda County.

2. Minutes:

Minutes of the following meetings of the Council and Executive Committee were submitted and actions taken approved:

(a) Council Meeting (322nd) held in Los Angeles on January 4, 1945. (Printed in CALIFORNIA AND WESTERN MEDICINE, for April, page 179.)

(b) Executive Committee meeting (188th) held in Los Angeles, January 5, 1945.

(c) Executive Committee meeting (189th) held in San Francisco, January 21, 1945. (Printed in CALIFORNIA AND WESTERN MEDICINE, for February, page 62.)

(d) Executive Committee meeting (190th) held in San Francisco, January 31, 1945. (Printed in CALIFORNIA AND WESTERN MEDICINE, for March, page 122.)

3. Membership:

(a) A report of the membership, as of February 24, 1945, was submitted and placed on file. The membership roster showed distribution as follows:

Total members (civilian and military) listed for year 1945: 5,877.

Total members in military service: 2,170.

(b) The question of membership with dues waived for members serving with the United States Public Health Service was brought up for discussion. On motion

* Reports referred to in minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

† For complete roster of officers, see advertising pages 2, 4, and 6.

made and seconded, it was voted that dues of such members be waived for the Duration.

(c) On motion made and seconded, Retired Membership was granted to the following members, whose applications had been received in accredited form from their county societies:

Lillian Shields, Alameda County
J. David Beatty, Los Angeles County
Guy L. Bliss, Los Angeles County
E. C. Kellogg, Los Angeles County
B. A. McBurney, Los Angeles
Newton M. Otis, Los Angeles County
Thomas E. Bailly, San Francisco
George R. Carson, San Francisco County
H. B. Graham, San Francisco County
William J. Haber, San Francisco County
Arthur P. Kaelber, San Francisco County
John Dysart Dameron, San Joaquin County
Norman E. Williamson, San Joaquin County

(d) On motion made and seconded, Associate Membership was granted to Charles W. Duvall, Santa Clara County, whose application had been received in accredited form from his county society.

4. Financial:

(a) A cash report as of February 24, 1945, was submitted.

(b) Report was made concerning income and expenditures for January and for one month, ended January 31, 1945.

(c) A balance sheet, as of January 31, 1945, was submitted.

On motion made and seconded, the above reports were received and placed on file.

(d) Concerning the budget for year 1946, submitted by the Auditing Committee and the Executive Committee, it was agreed that the same should be resubmitted for action at the Council meeting to be held prior to the Annual Session.

5. Interim Appointments:

Council Chairman Gilman reported upon tentative appointments made since the last Council meeting held on May 4, 1945.

On motion made and seconded, it was voted that the appointments, which follow, be confirmed:

(a) Frank A. MacDonald, Sacramento, appointed as Liaison Contact with California Veterans Committee.

(b) James B. Irwin, San Diego, appointed Secretary to C.M.A. Section on Radiology, vice Beth T. Pinkston, resigned because of illness.

(c) George H. Evans, San Francisco, appointed to Advisory Board of C.M.A. Committee on History.

(d) Wilson Stegeman, Santa Rosa, appointed to Advisory Committee to C.M.A. Committee on Public Policy and Legislation.

6. On Publication of Minutes of the Special Session of the C.M.A. House of Delegates:

(a) The Council reconsidered its former action (Item 13(b) in minutes of the 322nd meeting), concerning the publication of the full minutes of proceedings of the Special Session of the House of Delegates held in Los Angeles January 4-5-6, 1945.

The typewritten transcript covers some 460 pages. Because the resolutions and other important comment concerning the Special Session and subsequent actions bearing thereon had appeared in CALIFORNIA AND WESTERN MEDICINE, and in special letters and bulletins sent out by the central office, the Council deemed it unwise to appropriate some \$3,500 for printing and distributing the complete minutes, since the official copies are on file in the central office of the Association.

On motion made and seconded, it was voted not to print the complete minutes.

(b) Report was made on the conference held at the Sutter Club in Sacramento on Thursday, January 25, 1945, the same having been arranged to comply with the action of the House of Delegates in its resolution as printed in CALIFORNIA AND WESTERN MEDICINE, for January, 1945, on page 34.

(For additional information concerning the conference held in Sacramento, see CALIFORNIA AND WESTERN MEDICINE, for February XLVI, on page 83.)

It was agreed that a similar conference should be held, if deemed advisable, some time in March, preferably in Sacramento, the call and arrangements therefor to be made by the Chairman of the Committee on Public Policy and Legislation, Dr. Dwight H. Murray.

7. Proposed California Sickness Insurance Laws:

The Council then took up the discussion of the major sickness insurance legislation that had been submitted to the 56th California Legislature now in session. The proposed laws receiving special discussion were:

1. Assembly Bill 449, sponsored by the C.I.O.;

2. Assembly Bill 800, sponsored by Governor Earl Warren;

3. Assembly Bill 1200, sponsored by the California Medical Association;

4. Assembly Bill 1414, a bill identical with the measure proposed several years ago by former Governor Olsen.

Reports were made by Dwight H. Murray, Chairman of the C.M.A. Committee on Public Policy and Legislation; Mr. Ben Read, Secretary of the California Public Health League; and Mr. Clem Whitaker, Public Relations Counsel. Questions were asked and discussions participated in by members of the Council.

Mention was made that digests of these and related bills were outlined in CALIFORNIA AND WESTERN MEDICINE, for February, on pages 89-92.

Dr. Murray, Mr. Read, and Mr. Whitaker informed the Council concerning their impressions on the attitude of individual State Senators and Assemblymen concerning the proposed legislation.

They stated that prior to the constitutional recess of the Legislature on January 26th, the general sentiment of Legislators as expressed, did not indicate that the compulsory insurance bills would go on to passage in both Houses of the Legislature during the present session.

Discussion was also had concerning the possibility of an appeal by one or more of the proponent groups through resort to initiative that would be placed on the ballot of the general election in November, 1946.

Discussion followed concerning the work that had been done thus far. It was voted to be the opinion of the Council that voluntary insurance was preferable to the compulsory plans that had been submitted. The Officers of the Association were commended for the presentation of the statement that they had made concerning the attitude of the Association and thanks were given to the Legislative Committee and Legal Department for their efficient service.

The courtesy of the floor was extended to Dr. Clifford Loos of Los Angeles who called attention to some phases of the proposed legislation which he deemed important. Dr. Loos submitted a list of currently operated medical plans in California, this report being placed on file.

Dr. H. J. Templeton, President of the Alameda County Medical Association, spoke on types of prepayment plans with special reference to indemnity instead of fee-for-service.

8. California Physicians' Service:

Report was made concerning an extension in the public relations work of California Physicians' Service.

Motion was made to allocate \$2,000 per month for a period of 12 months to carry on this work. The motion was not carried. It was then voted to authorize the C.M.A. Executive Committee to have power to act on this request.

9. Hospitalization Work (Liaison Committee on Blue Cross Hospitalization Groups in California):

Discussion was had on ways and means of extending hospitalization coverage, and it was agreed that conferences should be held with the hospitalization groups and an effort made to have hospitalization coverage available to individual citizens.

10. 1945 Annual Session:

(a) A memorandum report was submitted concerning the rules of the Office of Defense Transportation limiting convention travel to 50 persons or less. The plan of representation in the House of Delegates received informal comment.

(b) Memorandum report was also submitted concerning the program outlined by the C.M.A. Committee on Scientific Work for the Scientific Sessions, meetings to be held in cooperation with the Los Angeles County Medical Association. (Details concerning the plans appear in CALIFORNIA AND WESTERN MEDICINE, for February, on page 97; and for March, pages 106 and 137.)

(c) Concerning Resolution No. 1, adopted by the C.M.A. House of Delegates at the 1944 Annual Session (CALIFORNIA AND WESTERN MEDICINE, June, 1944, page 307), the Council agreed it was not advisable to institute such prizes and awards at this year's streamlined session.

11. Woman's Auxiliary:

The recommendations of the Woman's Auxiliary to the California Medical Association concerning this year's Annual Session were submitted and it was agreed that the plan outlined by the Officers of the Woman's Auxiliary, not to hold a State meeting, be approved.

12. Legal Department:

General Counsel Hartley F. Peart reported on the following matters:

(a) *I.A.C.—Fee Schedule*: The general counsel stated that pursuant to previous authorization of the Council, Assembly Bill 7102 had been drafted and thereafter introduced by Assemblyman King of Oroville. This bill expressly gives the Industrial Accident Commission power, which it now has by implication, of fixing a fee schedule in compensation cases. The bill provides that this fee schedule must be reviewed by the Commission once in every two years. The bill prohibits any physician to rebate on his fees, and provides that any agreement made by an insurance company or employer for medical service must provide for reasonable fees and is of no force or effect unless filed with the Commission. Mr. Peart stated that for practical reasons the bill did not include other desirable amendments and that these amendments had the approval of the Commission itself, acting through Commissioner Garrison.

(b) *Administrative Agencies—Procedure, Hearing Officers*: General Counsel Peart further reported that the Judicial Council of California had developed a code of administrative procedure dealing with proceedings before various boards and commissions, including the State Board of Medical Examiners, and that legislation to carry this report into effect had been introduced. The general counsel stated that the State Board of Medical Examiners under this act would have the benefit of the services of a hearing officer who must be an attorney at law of five years' experience, who would deal with questions of procedure on hearings before the Board; further, that proceedings for judicial review of the actions of the

Board were clarified and regulated under another portion of the Council's report.

(c) *California Physicians' Service—Decision of District Court of Appeal*: General Counsel Peart stated that on January 15th, the District Court of Appeal of the Second Division, composed of presiding Justice Nourse, Associate Justice Sturtivant, and Justice Pro Tem Dooling, had unanimously affirmed the decision of Superior Judge Goodell holding that California Physicians' Service is a nonprofit service corporation and not an insurance company; that California Physicians' Service is not unlawfully engaged in the corporate practice of medicine; that while its prepaid medical service provides for a distribution of the risk, it does not in any sense indemnify patients or insure their health, but on the contrary renders service to them in the event of sickness or accident.

The general counsel was instructed to mail a copy of the decision to each member of the Council.

Mr. Hassard then reported on the present status of the California Medical Association's voluntary bill (A.B. 1200). He stated that several different groups had requested amendments to the bill. These requests were discussed in detail by the Council, and after motion duly made and seconded, it was decided to leave all matters relating to A. B. 1200 in the hands of the Committee on Public Policy and Legislation.

13. Association of American Physicians and Surgeons:

Mr. Rollen W. Waterson, of Gary, Indiana, Secretary of the Association of American Physicians and Surgeons, was introduced. Members of the Council were invited to attend a meeting of the Alameda County Medical Association on Monday, February 26th, at which time Mr. Waterson would give an address on the work of the A.A.P.S.

14. California Association of Medical Laboratory Technicians:

The Council recommended to the Committee on Public Policy and Legislation that it take steps to oppose the enactment of Senator Parkman's S. B. 175.

15. Time and Place of Next Meeting:

(a) It was agreed that the next meeting should be held at 12:30 noon on Saturday, May 5, 1945, in Los Angeles.

(b) It was agreed that C.M.A. delegates to the A.M.A. House of Delegates should be invited to attend the meeting of the Council on Saturday, May 5th.

16. Executive Session:

The Council went into Executive Session to consider ways and means of combating proposed sickness insurance legislation.

17. Adjournment.

PHILIP K. GILMAN, M.D., *Chairman*,
GEORGE H. KRESS, M.D., *Secretary*.

EXECUTIVE COMMITTEE OF THE CALIFORNIA MEDICAL ASSOCIATION*

Minutes of the One Hundred Ninety-first (191st) Meeting of the Executive Committee of the California Medical Association

The meeting was called to order in the office of the Association, 450 Sutter Building, San Francisco, at 10:00 A.M., on Sunday, April 8, 1945.

* Reports referred to in minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

1. Roll Call:

Members Present: John W. Cline, Chairman; E. Vincent Askey, Speaker of House of Delegates; Karl L. Schaupp, Past-President; Philip K. Gilman, Council Chairman and President-Elect; and George H. Kress, Secretary.

Members Absent: Lowell S. Goin, President.

Present by Invitation: Lloyd Kindall, Councilor; Hartley F. Peart, Legal Counsel; Howard Hassard, Associate Legal Counsel; John Hunton, Executive Secretary; Clem Whitaker, Public Relations Counsel; Ben Read, Secretary Public Health League of California; W. Glenn Ebersole; and W. M. Bowman of California Physicians' Service.

2. Minutes:

On motion made and seconded, the minutes of the 190th meeting of the Executive Committee, held in San Francisco on January 31, 1945, were approved. (Minutes were printed in CALIFORNIA AND WESTERN MEDICINE, for March, on page 122.)

3. Sickness Insurance Legislation:

Reports were received concerning sickness insurance bills presented to the 56th California Legislature, now in session in Sacramento. (The C.M.A. bill, A.B. 1200, appeared in CALIFORNIA AND WESTERN MEDICINE, for February, on page 65; and digests of Governor Earl Warren's bill, A.B. 800, and the C.I.O. bill, A.B. 449, and other bills, appeared in the same issue on pages 89-92.)

Extensive reports were presented to the Executive Committee by Mr. Ben Read, Secretary of the Public Health League of California; and Mr. Clem Whitaker, Public Relations Counsel. Supplementary reports were made by Mr. Hartley F. Peart, Legal Counsel, Mr. Howard Hassard, Associate Legal Counsel; and Mr. John Hunton, Executive Secretary.

The speakers explained what had taken place in the various hearings of the Assembly Committee on Public Health, and the general reaction of Legislators to the subject of compulsory sickness insurance.

It was stated that the Assembly Committee on Public Health had voted to not send out the bills to the Assembly floor, but efforts were being made by Administration and C.I.O. groups to secure the 41 votes necessary to bring the measures before the Assembly, during the week of April 9th.

Informal comment concerned possible future plans of proponents of compulsory sickness legislation. Mention was made of legislation that might lead to the appointment of interim study committees, either of the Assembly or a joint Senate-Assembly Committee. Possible referendum and initiatives also were mentioned.

The reports submitted indicated, even though the Assembly Committee on Public Health had refused to approve Governor Warren's Compulsory Health Bill, A.B. 800, and the C.I.O. Bill, A.B. 449, that the supporters of those measures were continuing active work to bring the issues to vote either in the Legislature or possibly at special or regular State election.

Informal discussion took place on best ways and means of meeting some of these issues, should occasions arise.

Members of the Committee and invited guests took part in the discussions. Speaker E. Vincent Askey presented a special report outlining plans he had taken up with colleagues in Southern California. It was agreed that some of the items that had been submitted should be gotten into form for possible presentation to the Council and House of Delegates, at Los Angeles on May 6-7, 1945.

4. Miscellaneous Legislation:

Associate Legal Counsel Howard Hassard made in-

formal comment concerning a number of other bills related to the public health and healing art practice in which members of the profession have a natural interest. It was felt that for the time being, no immediate action would be necessary thereon.

5. Committee on History:

The C.M.A. Committee on History, through Chairman Morton R. Gibbons, requested permission to hire casual clerical aid in order that archives and other informative material from colleagues in military service could be secured. It was agreed that this should be done.

6. Woman's Auxiliary:

(a) A letter from the President of the Woman's Auxiliary to the C.M.A., Mrs. Ralph Eusden, dated April 2nd, was read. The Executive Committee concurred in the recommendation that the Auxiliary Officers should continue as such for the coming year and until the next general State Meeting is held by the Auxiliary.

(b) Concerning entertainment features in Los Angeles during the coming Annual Session, it was believed, owing to the limited number of delegates who would be in attendance, and because of announcements made to conform with the directives of the Office of Defense Transportation, it would not be advisable to arrange for entertainment features in Los Angeles on May 6-7.

7. Taxation of X-Ray Films:

General Counsel Peart reported that the State Board of Equalization had adopted a new rule purporting to impose a sales tax on x-ray film as distinct from the professional opinion of the doctor. He stated that he had held an extended telephone interview with President Goin on the subject and that Dr. Goin had requested that the matter be brought before the Committee.

After discussion, Mr. Peart was instructed to take up this matter with the State Board of Equalization and endeavor to obtain a ruling that no sales tax should be or can be legally levied upon the use made of film in connection with professional services.

8. Annual Session in Los Angeles:

Informative material concerning the Annual Session to be held in Los Angeles on May 6-7, 1945, having been sent to members of the Council, it was agreed that the plans submitted should be carried through. Scientific Sections would hold their meetings under the local auspices of the Los Angeles County Medical Association.

9. Proposed Amendments to C.M.A. Constitution:

A letter from Councilor Donald Cass concerning changes in the Constitution whereby the Vice-Speaker of the House of Delegates and the Chairman of the Committee on Public Policy and Legislation should become voting members of the Council, received informal discussion.

It was stated that the Chairman of the Committee on Public Policy and Legislation, Dr. Dwight H. Murray, felt that such a provision would handicap him in his work.

10. C.P.S. and Indemnity Payments:

Councilor Lloyd Kindall of Oakland, spoke concerning a letter he had submitted under date of March 22nd in which the following question was put:

"Shall the Council of the California Medical Association recommend to the Administrative Members of the California Physicians' Service that California Physicians' Service be changed so that fees for medical services be paid direct to the patient and not to the Doctor?"

It was agreed that the item should be placed on the agenda of the Council meeting for further consideration.

11. Committee on Postwar Plans:

Council Chairman Gilman spoke concerning a plan of

procedure in connection with postwar activities with special relation to facilities of military colleagues who were returning to practice in California. He stated he had appointed such a committee as follows:

John W. Cline, M.D., San Francisco, California Medical Association.

Philip K. Gilman, M.D., San Francisco, California Medical Association.

Anthony B. Diepenbrock, M.D., San Francisco, State Board of Medical Examiners.

Frank W. Otto, M.D., Los Angeles, State Board of Medical Examiners.

L. R. Chandler, M.D., San Francisco, Stanford University School of Medicine.

B. O. Raulston, M.D., Los Angeles, University of Southern California School of Medicine.

Wilton L. Halverson, M.D., San Francisco and Los Angeles, State Board of Public Health.

Phoebus Berman, M.D., Los Angeles, Los Angeles County Hospital.

Benjamin W. Black, M.D., Oakland, Alameda County Hospital.

Harold A. Fletcher, M.D., San Francisco, Procurement and Assignment Service.

John Hunton (ex-officio), San Francisco, Secretary.

The Executive Committee approved the appointment of the committee.

12. California State Board of Public Health:

President-Elect Gilman stated that he had had a conference with Director of Public Health Wilton L. Halverson, concerning the establishment of blood banks, with special reference to proposed legislation thereon.

Chairman Cline pointed out that the San Francisco County Medical Society had opposed the institution of such blood banks unless certain safeguards were provided.

It was stated that Chairman Murray of the Committee on Public Policy and Legislation had learned that there is considerable objection in the Legislature toward compulsory provisions in the contemplated bills.

Dr. Gilman said he would inform Director Halverson concerning the objections that had been brought forward.

13. Adoption Laws in California:

Report was made that Director C. W. Wollenberg of the State Department of Social Welfare wished to appoint a committee consisting of three members of the State Bar, three members of the California Medical Association, and three members of the State Government to make a study of the adoption laws of California.

Dr. Gilman stated that upon request of Director Wollenberg, he had appointed to represent the C.M.A.: Philip K. Gilman, San Francisco; Donald G. Tollefson, Los Angeles; and George H. Kress, San Francisco.

The Executive Committee approved the action taken.

14. Coordinating Committee of California Procurement and Assignment Service:

A letter of March 13th, concerning a resolution regarding Class 1 and Class 2 nurses received from Chairman Harold A. Fletcher, was presented. No action was taken thereon.

15. Proposed Letter to County Society Officers:

A letter dated March 2nd, received from J. Frank Doughty, M.D., of Tracy, Chairman of the Committee on Membership was read. The letter had to do with co-operation with military colleagues returning to civilian practice.

It was agreed that the letter should be turned over to the newly appointed Committee on Postwar Plans for Military Colleagues.

16. Adjournment:

There being no other business, the meeting adjourned at 6:00 P.M.

JOHN W. CLINE, M.D., *Chairman,*

GEORGE H. KRESS, M.D., *Secretary.*

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (76)

Alameda County (6)

Bjorklund, J. Harman, *Livermore*

Cull, Virginia L., *Oakland*

Levine, H. S., *Oakland*

Pillsbury, Ruth M., *Oakland*

Schnoor, Thomas G., *Berkeley*

Woods, Walter L., Jr., *Oakland*

Butte-Glenn County (1)

Baty, Fred D., *Kansas City, Missouri*

Contra Costa County (1)

Kaess, James B., *Brentwood*

Fresno County (2)

Seibel, John J., *Reedley*

Sinay, Henry, *Fresno*

Imperial County (1)

Korthueuer, Karl H., *Calexico*

Los Angeles County (33)

Beddoe, Paul, *Long Beach*

Bross, Rachel B., *Los Angeles*

Brown, J. Scott, *Long Beach*

Bell, Leslie M., *Pasadena*

Church, Burt Thomas, *North Hollywood*

Cooley, Mahlon Cecil, *Los Angeles*

Crawford, Alanith V., *Santa Monica*

Dublin, William Brooks, *Los Angeles*

Engle, Robert B., *Pasadena*

Fareed, Omar John, *Glendale*

Ferman, Jack A., *Long Beach*

Francis, J. Donald, *Los Angeles*

Frank, William P., *Alhambra*

Friedgood, Harry B., *Los Angeles*

Frudenberg, Karl, *Inglewood*

Fuchs, Arthur Robert, *Long Beach*

Gairdner, Thomas M., *Burbank*

Hansen, Louis O., *Compton*

Hoagland, Paul Ingalls, *Pasadena*

Kahlstrom, Carl Ewald, *Long Beach*

Levinthal, Daniel H., *Beverly Hills*

Margarian, Sennacherib M., *Long Beach*

Morgenroth, Frank C., *Los Angeles*

Morrow, James Joseph, *Burbank*

Pearl, Sarah A., *Beverly Hills*

Rosenbloom, Davis, *Los Angeles*

Rothman, Theodore, *Los Angeles*

Sevener, Clinton J., *Los Angeles*

Simpson, William Edward, Jr., *North Hollywood*

Soudakoff, Peter S., *Los Angeles*

Sparkuhl, Konstantin, *Los Angeles*

Stratton, Victor Charles, *Los Angeles*

Wallner, Adolf, *Los Angeles*

Marin County (1)

Oliva, George, *San Anselmo*

† For roster of officers of component county medical societies, see page 4 in front advertising section.

*Merced County (1)*Hillyer, L. R., *Los Banos**Monterey County (1)*Corp. Keith, *Salinas**Napa County (2)*Peterson, Walter W., *Napa*Sandness, J. E., *Napa**Riverside County (2)*Gill, Arthur F., *Banning*Lauter, Monte A., *Indio**San Bernardino County (1)*Campbell, Guy Gibson, *Addis Ababa, Ethiopia**San Francisco County (12)*Crowe, John A., *San Francisco*Farber, Jason E., *San Francisco*Fishman, Victor Paul, *San Francisco*Gilmore, Edith Schrader, *San Francisco*Guadagni, Albert Paul, *San Francisco*Henry, Margaret, *San Francisco*Larsen, Leonard H., *San Francisco*Newman, Thomas R., *San Francisco*Perez, Eugene Reyes, *San Luis Obispo*Richards, Victor, *San Francisco*Tuschka, Otto Joseph, *San Francisco*Tyler, Ynez Coit, *San Francisco**San Joaquin County (2)*Hill, W. Theodore, *Stockton*Michals, N. J., *Lodi**San Mateo County (1)*Wertheim, Morris, *South San Francisco**Santa Barbara County (6)*Brown, Louise P., *Santa Barbara*Feld, David D., *Santa Barbara*Hyatt, Herbert, *Santa Barbara*Jennings, W. Kenneth, *Santa Barbara*Murdock, Edgar Paul, *Guadalupe*Tirico, Joseph G., *Santa Barbara**Shasta County (1)*Mayers, Howard Doane, *Fall River Mills**Tulare County (1)*Craycroft, Robert N., *Tulare**Ventura County (1)*Howarth, E. M., *Santa Paula***Transfers (14)**Bowles, Doris Emerson, from *San Francisco County* to *Alameda County*.Crandall, Frank G., Jr., from *Stanislaus County* to *Los Angeles County*.Crites, A. H., from *San Bernardino County* to *Ventura County*.Custer, William Castleberry, from *Los Angeles County* to *Alameda County*.Drake, Howard H., from *Orange County* to *Los Angeles County*.Gardinier, William H., from *San Francisco County* to *Los Angeles County*.Janzen, Jacob, from *San Bernardino County* to *Los Angeles County*.Kirkpatrick, John E., from *Shasta County* to *San Francisco County*.Larson, S. A., from *Contra Costa County* to *Solano County*.McKee, Wayne P., from *Stanislaus County* to *Humboldt County*.Mraz, Gerald L., from *Kings County* to *San Bernardino County*.Saunders, William W., from *Contra Costa County* to *Alameda County*.Von Saltza, John, from *San Francisco County* to *Santa Clara County*.White, Henry Lawrence, from *Shasta County* to *Los Angeles County*.**Resignations (1)**Hume, Portia Bell, *San Francisco County*.

In Memoriam

Abbot, Frank Farnum. Died at Ontario, March 9, 1945, age 61. Graduate of the Jefferson Medical College of Philadelphia, Pennsylvania, 1907. Licensed in California in 1907. Doctor Abbot was a member of the San Bernardino County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



Bruin, Mackall R. Died at Los Angeles, March 10, 1945, age 78. Graduate of the University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore, 1895. Licensed in California in 1910. Doctor Bruin was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



Cooder, Howard Russell. Died at Los Angeles, March 26, 1945, age 58. Graduate of McGill University Faculty of Medicine, Montreal, 1921. Licensed in California in 1924. Doctor Cooder was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



Cunningham, Thomas Maltby. Died at La Mesa, February 26, 1945, age 76. Graduate of Columbia University College of Physicians and Surgeons, New York, 1895. Licensed in California in 1921. Doctor Cunningham was a member of the San Diego County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



Hodgins, Frederick William. Died at Oakland, April 6, 1945, age 71. Graduate of the University of Toronto Faculty of Medicine, Ontario, 1896. Licensed in California in 1902. Doctor Hodgins was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



Kohls, Clara Lydia. Died at San Francisco, March 18, 1945, age 49. Graduate of the University of California Medical School, Berkeley-San Francisco, 1927. Licensed in California in 1927. Doctor Kohls was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



Monteith, Robert Fisher. Died at Redwood City, April 10, 1945, age 43. Graduate of Rush Medical College, Illinois, 1930. Licensed in California in 1930. Doc-

tor Monteith was a member of the San Mateo County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Shields, Lillian. Died at Piedmont, March 22, 1945, age 71. Graduate of the Cooper Medical College, San Francisco, 1902. Licensed in California in 1902. Doctor Shields was a Retired member of the Alameda County Medical Association, the California Medical Association, and an Affiliate Fellow of the American Medical Association.

COMMITTEE ON SCIENTIFIC
WORK

74th Annual Session



Los Angeles, May 6-7, 1945

COMMITTEE ON SCIENTIFIC WORK
Executive Group

George H. Kress, Chairman, ex-officio
Howard F. West, 1945 Fletcher B. Taylor, 1946
J. Homer Woolsey, 1947
Salvatore P. Lucia, ex-officio (for Medicine)
Leon Goldman, Ex-officio (for Surgery)

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SCIENTIFIC ASSEMBLIES

* * *

GENERAL AND SECTION MEETINGS

* * *

FIRST GENERAL MEETING
Sunday Morning, May 6, 1945, at 10:00 a.m.
Lodge Room (Elks Temple)

Presiding

KARL L. SCHAUPP, Past President
LOWELL S. GOIN, President

Invocation

(1)

Address of Welcome—Jay J. Crane, M.D., President of the Los Angeles County Medical Association.

(2)

Greetings from the Woman's Auxiliary—Mrs. Ralph Eusden, President of the Woman's Auxiliary to the California Medical Association.

(3)

Address of President—"The Philosophical Background of Compulsory Health Insurance"—Lowell S. Goin, M.D., Los Angeles, President of the California Medical Association.

(4)

The Profession's Postwar Responsibilities to Colleagues in Military Service—Philip K. Gilman, M.D., President-Elect of the California Medical Association.

(5)

California Department of Public Health—Wilton L. Halverson, M.D., Director of Public Health, State of California.

(6)

Board of Medical Examiners of State of California—Frederick N. Scatena, M.D., Secretary of the Board.

(7)

Report of Committee on Public Policy and Legislation—Dwight H. Murray, M.D., Napa, Chairman.

(8)

Treatment of Rheumatic Fever—Lt. Comdr. George C. Griffith, (MC), U.S.N.R., U. S. Naval Hospital, Corona. Chairman of War-Time Graduate Medical Meetings Committee for 24th Zone, (Southern California). (With slides.)

I

GENERAL MEDICINE SECTION
Meeting Room: Lodge Room (Elks Temple)

JOHN MARTIN ASKEY, M.D., Chairman
1930 Wilshire Boulevard, Los Angeles

SALVATORE P. LUCIA, M.D., Secretary
2898 Broadway, San Francisco

HOWARD DENNIS, M.D., Assistant Secretary
9615 Brighton Way, Beverly Hills

Sunday, May 6, 2:00 p.m.

JOINT MEETING WITH SECTION ON SURGERY

Paper No. 9:

Chairman's Address—Some Thoughts on the Need for a Central Medical Registry—John Martin Askey, M.D., 1930 Wilshire Boulevard, Los Angeles.

Truth in medicine depends upon an elaborate accumulation of facts carefully observed, carefully collated, and carefully analyzed. Truth in the past has suffered because of the inability to collect the facts resident in the clinical experience of the great body of medical practitioners. This is a plea for an attempt to utilize these experiences.

PART I—PANEL DISCUSSION OF DISEASES OF THE LIVER

Paper No. 10:

The Gallbladder and Diseases of the Liver—William C. Boeck, M.D., 2210 West Third Street, Los Angeles.

The rôle of the gallbladder in the production of diseases of the liver is strictly a very limited one. Chronic cholecystitis alone or associated with cholelithiasis produces no diseases of the liver, but the complication of perforation in acute cholecystitis with abscess formation may involve the liver. Malignant tumors of the gallbladder likewise produce liver involvement by metastasis.

Paper No. 11:

Infections of the Liver with Special Reference to Amebiasis—L. A. Alesen, M.D., 1401 South Hope Street, Los Angeles.

Amebic hepatitis and amebic abscess of the liver can be expected to occur more frequently in future practice as a result of military operations in the tropics. Awareness of amebiasis as a factor in the production of abdominal symptoms is stressed. Its complications in the form of hepatitis and abscess should be borne in mind in the diagnosis of obscure abdominal lesions. Diagnostic points are presented and the differential features between pyogenic and amebic infections of the liver are emphasized. Treatment of uncomplicated amebic liver abscess by emetine and aspiration is outlined. Dangers and complications are discussed. The management of secondarily infected abscesses of extra-serous drainage and the administration of sulfonamids and/or penicillin is discussed.

Paper No. 12:

Cirrhosis of the Liver—Captain A. M. Snell, (MC), U.S.N.R., U. S. Naval Hospital, Oakland.

Increasing knowledge of dietetic and other factors influencing regeneration repair of liver tissue has provided a stimulus for new methods of treatment of cirrhosis. The diagnosis and therapy of the disease will be discussed in the light of some of these recent physiological conceptions. (With slides.)

Paper No. 13:

The Status of the Liver and Its Importance to the Surgeon—Philip J. Cunnane, M.D., 1052 West Sixth Street, Los Angeles.

Estimate of the degree of hepatic damage with clinical tests is not reliable. Functions of the liver are multiple. A remnant of normal hepatic parenchyma readily compensates for the whole. Liver damage, secondary to surgical disease, is usual and often unmeasurable. It should be recognized and treated as a complicating sequence.

Paper No. 14:

Chairman's Address—The Treatment of Cardiospasm

by *Esophago-gastrostomy*—H. Glenn Bell, M.D., University of California Hospital, San Francisco.

Cardiospasm is a term frequently used to describe the syndrome in those patients who have more or less characteristic symptoms of dysphagia, regurgitation, and epigastric pain of long duration. This is a report of nine patients treated by esophago-gastrostomy.

PART II—PANEL DISCUSSION ON VASCULAR DISEASES

Paper No. 15:

Recent Contributions to the Abnormal Physiology and Treatment of Hypertension—Myron Prinzmetal, M.D., 2007 Wilshire Boulevard, Los Angeles.

A brief discussion of recent contributions to the physiological disturbances in hypertension will be presented. The effect of kidney extracts, renin, tyrosinase, proteose solutions, thiocyanate, and other substances claimed to be useful in hypertension will be discussed.

Paper No. 16:

The Surgical Treatment of Hypertension—Howard C. Naffziger, M.D., and Francis L. Chamberlain, M.D., University of California Hospital, San Francisco.

The results of twelve years of surgical treatment of hypertension at the University of California Hospital will be presented and discussed. Recent results with the Smithwick procedure will be compared with those of the Peet operation.

Paper No. 17:

The Present Concept of Phlebothrombosis, Thrombophlebitis, and Embolism—Major LeRoy Kleinsasser, (MC), U.S.A., DeWitt General Hospital, Auburn.

The paper consists of a discussion of the technic and indications of sympathetic block, vein ligation, and aspiration of thrombus, phlebography, and a brief discussion of the relative rôle of anticoagulant therapy. The conditions specifically to be considered will be phlebothrombosis, thrombophlebitis, axillary thrombosis, migratory thrombophlebitis, suppurative thrombophlebitis, and chronic deep venous obstruction with lymphedema. The discussion will be accompanied by slides to illustrate cases and procedures. This will consist principally of the experience at the vascular center of the DeWitt General Hospital. (With slides.)

Paper No. 18:

Anticoagulants, Heparin and Dicumarol, Their Indications and Uses—Paul M. Aggeler, M.D., University of California Hospital, San Francisco.

In sufficient dosage the anticoagulant drugs, heparin and dicumarol will effectively prevent the formation of thrombi. They will not dissolve clots already formed, but will limit their further extension and will aid in the prevention of embolization from such thrombi. The danger of hemorrhagic complications limit the usefulness of these drugs.

Second Meeting

Monday Morning, May 7, 1945, at 10:00 a.m.
Meeting Room: Ball Room (Elks Temple)

SYMPOSIUM ON WARTIME MEDICINE

Paper No. 19:

Filariasis—Comdr. Richard B. Schutz, (MC), U.S.

N.R., Santa Margarita Ranch Hospital, Camp Pendleton, Oceanside.

Filariasis, little known in the United States, is a medico-military problem in global war. In the absence of reinfection it is self-limited, is not expected to become a public health problem, but the characteristic recurrences of symptoms and findings make its differential diagnosis important for physicians caring for veterans.

Paper No. 20:

Aviation Medicine—Captain Louis E. Mueller, (MC), U.S.N., Senior Medical Officer, U. S. Naval Air Training Station, San Diego.

A brief history of the development of Aviation Medicine and the progress made in this field during the present war.



Business Recess

Business Meeting and Election of Officers

Paper No. 21:

Cardiac Murmurs and Pain—Lt. Comdr. M. B. Filberbaum, (MC), U.S.N.R., U. S. Naval Hospital, Corona.

A discussion of the problem of cardiac murmurs and cardiac pain as related to the military personnel, its significance, differential diagnosis and disposition of the patient.

Paper No. 22:

War-Neuroses—Comdr. Walter Rapaport, (MC), U.S.N.R., U. S. Naval Hospital, Corona.

The problem of war neuroses presents no new questions. As it has been true for decades, the real challenge is to do something about a question which has been with us for many years. The symptoms and diagnoses present no great difficulties which would separate neuropsychiatric conditions found in war from those found in peace. The theories of treatment are many and varied and most have some commendable features. However, the exigencies of military service preclude handling and disposing of military cases in the same way as they can be handled and disposed of in civil life. The problem, therefore, becomes not what a war neuroses is, but what is to be done about it.

II

GENERAL SURGERY SECTION

Meeting Room: Lodge Room (Elks Temple)

H. GLENN BELL, M.D., *Chairman*
University of California Hospital, San Francisco

LEON GOLDMAN, M.D., *Secretary*
University of California Hospital, San Francisco

EUGENE J. JOERGENSEN, M.D., *Assistant Secretary*
632 North Brand Boulevard, Glendale

Sunday, May 6, 2:00 p.m.

JOINT MEETING WITH SECTION ON GENERAL MEDICINE

Note.—Titles of Papers, with names of authors and abstracts are printed in the program of the Section on General Medicine, which precedes.

(a) *Panel Discussion of Diseases of the Liver.*

(b) *Panel Discussion of Vascular Diseases.*

Second Meeting

Monday Morning, May 7, 1945, at 10:00 a.m.

Meeting Room: Lodge Room (Elks Temple)

Paper No. 23:

Traumatic Perforation of the Colon Due to Non-penetrating Abdominal Injury—Lt. Col. W. C. Sheehan, (MC), Chief of Surgical Department, Birmingham General Hospital, Van Nuys.

1. Presenting cases of intestinal perforation, accompanied by other severe injuries due to non-penetrating abdominal trauma.
2. Cases, presenting unusual and vague symptoms.
3. Interesting problems of differential diagnosis as to systems involved.
4. Decision when to operate, supportive treatment, etc.

Paper No. 24:

The Crush Syndrome—Major Walter Birnbaum, (MC), Chief of Surgical Service, A.S.F. Regional Hospital, Camp Haan.

An old syndrome recently re-recognized during air raids on civilian population. Author's observation of the condition in London. Other instances of the same syndrome where the mechanism of injury was not characteristic; its relation to muscle ischemia and contractures, extra-renal azotemia and "shock"; the possibility of its being overlooked in cases of severe injury. (With slides.)



Business Recess

Business Meeting and Election of Officers

Paper No. 25:

Pulmonary Resections—John C. Jones, M.D., 1136 West Sixth Street, Los Angeles.

Indications and results from pulmonary resections in carcinoma of the lung, bronchiectasis, lung abscess and tuberculosis, including both lobectomy and pneumonectomy. (With slides.)

Paper No. 26:

Tuberculosis as a Surgical Disease—Lt. Comdr. J. E. Dailey, (MC), U.S.N.R., U. S. Naval Hospital, Corona.

A presentation and discussion of various surgical techniques utilized in the treatment of tuberculosis.

Paper No. 27:

The Treatment of Gunshot Wounds of the Face with Intra-oral Skin Grafts—Lt. Comdr. Michael Gurdin, MC-V(S), U.S.N.R., U. S. Naval Hospital, Oakland.

III

OBSTETRICS AND GYNECOLOGY SECTION

Meeting Room: Ball Room (Elks Temple)

ROY E. FALLAS, M.D., *Chairman*
1930 Wilshire Boulevard, Los Angeles

DANIEL G. MORTON, M.D., *Vice-Chairman*
University of California Hospital, San Francisco

PHILIP A. REYNOLDS, M.D., *Secretary*
1930 Wilshire Boulevard, Los Angeles

Monday, May 7, 2:00 p.m.

Paper No. 28:

Chairman's Address—Roy E. Fallas, M.D., 1930 Wilshire Boulevard, Los Angeles.

SYMPOSIUM ON PSYCHOGENIC FACTORS IN
OBSTETRICS AND GYNECOLOGY

Paper No. 29:

The Significance of Psychoanalysis for Gynecology—Ernst Simmel, M.D., 555 Wilcox Avenue, Los Angeles. (By Invitation.)

Psychoanalysis is a dynamic psychology. It studies the total personality and its somatic or mental functional disturbances as a result of the interrelationship between instinctual drives and reality factors, employing in particular its knowledge of the instinctual sources in the unconscious strata of the human mind. This paper deals with the specificity of the female personality, viewing disturbances in the functioning of the reproductive organ system as an expression of mental conflict.



Business Recess

Business Meeting and Election of Officers

Paper No. 30:

Psychogenic Factors in Gynecology—George E. Judd, M.D., 1930 Wilshire Boulevard, Los Angeles.

This paper will consist of a discussion of gynecological symptoms that have psychogenic factors as a basis of their production.

Paper No. 31:

Psychogenic Factors in Obstetrics—Frances Holmes, M.D., 3780 Wilshire Boulevard, Los Angeles.

A discussion of emotional states accompanying child-bearing, their manifestations, and suggestions regarding management.

Paper No. 32:

The Emergency Maternity Pediatric Program (E.M.I.C.)—Some Observations Thereon—William Benbow Thompson, M.D., 1105 Equitable Building, Hollywood.

Report on procedures in the E.M.I.C. program of the Federal Children's Bureau of the U. S. Department of Labor. Some comment on war neuroses of wives of soldiers and sailors in military service.

IV

EYE, EAR, NOSE AND THROAT SECTION

Meeting Room: Lodge Room (Elks Temple)

WALTER R. CRANE, M.D., *Chairman*
1026 Roosevelt Building, Los Angeles

PIERRE VIOLE, M.D., *Vice-Chairman*
1930 Wilshire Boulevard, Los Angeles

LEWIS F. MORRISON, M.D., *Secretary*
490 Post Street, San Francisco

Monday, May 7, 2:00 p.m.

Paper No. 33:

Retinal Changes Associated with Diabetes (with slides)
—Samuel Aiken, M.D., 384 Post Street, San Francisco.

A review of diabetic retinopathy with special reference to the newer concepts of the factors concerned with its development. The stages of the condition will be illustrated with fundus photographs. (With films.)

Discussion by Samuel Abraham, M.D., Los Angeles.

Paper No. 34:

Present Status of the Lempert Operation—Robert C. Martin, M.D., 384 Post Street, San Francisco.

The history and development of the Fenestration Operation. The types of cases which are suitable for operation. The average results obtained from properly trained, skilled operators and a discussion of factors as yet unknown including the arrest of the process on the operated ear and the duration of the results if the fenestrum remains open.

Discussion by Howard House, M.D., Los Angeles.



Business Recess

Business Meeting and Election of Officers

Paper No. 35:

Corneal Transplantation—C. H. Albaugh, M.D., 727 West Seventh Street, Los Angeles.

Corneal transplantation should now be in the surgical armamentarium of every practicing ophthalmologist. Indications, contraindications, and the Castroviejo technique will be discussed. A moving picture in color will be used to demonstrate the technique used in a case of keratoconus. (With films.)

Discussion by Martin I. Green, M.D., San Francisco.

Paper No. 36:

Recent Advancements in the Treatment and Care of the Deafened: Report on the New California State Program for Conservation of Hearing—W. D. Currier, M.D., 65 N. Madison Avenue, Pasadena.

This paper will attempt to answer the age-old question, "What shall I do with the deafened patient?" The hard of hearing child will be especially discussed. A résumé will be made concerning modern concepts of treatment. A discussion will be given relative to the new California State program for conservation of hearing.

Discussion by Warren H. Gardner, Ph.D., State Department of Public Health.

Paper No. 37:

Amblyopia Ex Anopsia in the Armed Forces—Captain George E. Morgan (MC), U.S.A., A.A.F. Regional Hospital, March Field, Riverside.

A detailed analysis of eighty cases of Amblyopia Ex Anopsia found in the Armed Forces was reported. In a case history taken on each of these cases an attempt has been made to determine the type of treatment which a patient has received and the age at which it was initiated. Reference is made to a group of amblyopic cases treated in children and a correlation between these two groups to determine what percentage of improved visions could have been obtained under early and proper treatment. (With slides.)

Discussion by John Lordan, M.D., Los Angeles, and Lorin L. Henry, M.D., Pasadena.

Paper No. 38:

The Use of Products of Fibrinogen and Thrombin in Otolaryngology—Captain Harry P. Schenck (MC), U.S.N.R., Santa Margarita Ranch Hospital, Ocean-side.

Fibrinogen, used with a solution of thrombin, finds a wide range of usefulness in otolaryngologic surgery. These products of human plasma fractionation, wholly composed of proteins native to human blood plasma, provide an absorbable hemostatic agent which induces minimal tissue reaction. While in no way replacing the orthodox methods of providing hemostasis in arterial hemorrhage, they are an important supplemental hemostatic agent in mastoid and sinus surgery.

Discussion by Madeleine Fallon, M.D., Los Angeles.

V

ANESTHESIOLOGY SECTION

Meeting Room: Second Floor (County Society)

C. EUGENE SCHUETZ, M.D., *Chairman*
6253 Hollywood Boulevard, Hollywood

CHARLES J. BETLACH, M.D., *Secretary*
3023 Serena Road, Santa Barbara

Sunday, May 6, 2:00 p.m.

Paper No. 39:

Chairman's Address—Lumbosacral Subarachnoid Block—C. Eugene Schuetz, M.D., 6253 Hollywood Boulevard, Hollywood.

A brief history of its early use. Preparation of the patient, including medication and position. Technique in detail of the injection. Indications and contraindications. Other uses of this approach are given. Results of one hundred cases reported.

Paper No. 40:

Regional Anesthesia in Military Practice—Captain John F. Rhodes (MC), U.S.A., Letterman Hospital, San Francisco.

The application of regional anesthetic methods and agents to military personnel and under military conditions is covered. Emphasis is placed on the technique of brachial plexus block and regional blocks of the lower extremity.

Business Recess

Business Meeting and Election of Officers

Paper No. 41:

Cardiac Pathology as Related to Anesthesia—Major Gordon C. Langsdorf (MC), U.S.A., DeWitt General Hospital, Auburn.

A review of cardiac disease and complications as related to anesthesia for surgical operations with a brief outline of their management during the preoperative, operative, and postoperative periods.

Paper No. 42:

The General Visceral Afferent System and Its Relation to Anesthesia—Lieutenant V. H. Kuenkel (MC), U.S.A., Letterman Hospital, San Francisco.

This paper reviews the origin, development, and anatomical distribution of the fibers of the visceral afferent system, describing their relation to peripheral and autonomic nervous systems. Included is a description of the levels at which these fibers enter the central nervous system and the techniques used in temporarily interrupting them.

Paper No. 43:

Methedrine as a Vaso-Constrictor in Spinal Anesthesia—B. M. Anderson, M.D., Samuel Merritt Hospital, Oakland.

Three vaso-constrictors were used in a series of 450 consecutive unselected spinal anesthetics. Their effectiveness in controlling blood pressure is evaluated and the conclusion is drawn that methedrine has some superiority over the other two agents.

Paper No. 44:

High Segmental Spinal Anesthesia for Caesarean Section—S. W. Sensiba, M.D., 930 Fourteenth Street, Santa Monica.

In Caesarean sections it is desirable to deliver babies with unhampered respiration, and to protect the mother as much as possible against complications incident to pregnancy. Blocking a few segments, producing band anesthesia of the trunk, disturbs physiologic support so little that these objectives are more easily attained.

Discussion by John Hutton, M.D., Portland, Oregon.

VI

DERMATOLOGY AND SYPHILOLOGY SECTION

Meeting Room: Second Floor (County Society)

JOHN L. FANNING, M.D., *Chairman*
1127 Eleventh Street, Sacramento

CLEMENT E. COUNTER, M.D., *Vice-Chairman*
117 East Eighth Street, Long Beach

OTTO P. DIEDERICH, M.D., *Secretary*
1214 Mattei Building, Fresno

Monday, May 7, 9:00 a.m.

Paper No. 45:

Chairman's Address—Common Recalcitrant Dermatoses—John L. Fanning, M.D., 1127 Eleventh Street, Sacramento.

Paper No. 51:

The Corneal and Pharyngeal Reflex in Dermatological Diagnosis—William Mulvehill, M.D., 153 South Lasky Drive, Beverly Hills.

An investigation into the occurrence of a corneal and pharyngeal reflex in various groups of hospital and clinic patients as well as groups of physically and mentally normal university students. The subjects of this study are classed as to age and sex. Roughly, a pathological classification is made. Included also is a group of patients from the psychopathic wards. The purpose of this study is to determine what the incidence of corneal and pharyngeal reflex is in normal individuals and those suffering from various diseases and whether this sign can be an aid in the diagnosis of such conditions as factitial dermatitis or neurogenous excoriation.

VII

INDUSTRIAL MEDICINE AND SURGERY SECTION

Meeting Room: Rotunda Room (Elks Temple)

FLOYD F. THURBER, M.D., *Chairman*
6065 Hollywood Boulevard, Los Angeles

JOHN E. KIRKPATRICK, M.D., *Vice-Chairman*
516 Sutter Street, San Francisco

RICHARD J. FLAMSON, M.D., *Secretary*
523 West Sixth Street, Los Angeles

Sunday, May 6, 2:00 p.m.

Paper No. 52:

An Evaluation of Methods of Treatment of Compound Fractures in the Shaft of the Femur—Lt. Col. Ralph Soto-Hall (MC), A.U.S., and Lt. Col. Thomas Horwitz (MC), A.U.S., Sixth Service Command, Chicago.

A study of end results of 163 fractures of the femur treated by various methods, including a large number of secondary closures. Conclusions as to the factors leading to successful delayed closure and to those methods of treatment which result in the best function. (With slides.)

Paper No. 53:

Surgery of Over 5,000 Fracture Cases Treated in the Richmond Shipyards—C. C. Cutting, M.D., Permanente Foundation Hospital, Oakland.

The fractures treated by the staff of the Permanente Foundation Hospital during two and one-half years are classified as to incident and site, with statements regarding the general trends of specific treatment and management.



Business Recess

Business Meeting and Election of Officers

Paper No. 54:

Fractures of the Carpal Scaphoid—Major Robert E. Hastings (MC), A.U.S., Santa Ana Army Air Base, Santa Ana.

(No abstract submitted.)

Paper No. 55:

Simple Fractures of Both Bones of the Lower Leg—Samuel Matthews, M.D., 1913 Wilshire Boulevard, Los Angeles.

A discussion on recurrent dermatitis of fingers and hands, recurrent Acne Vulgaris, Lichen Planus, etc., with some clinical ideas on biologic and physical agents in treatment.

Paper No. 46:

The Diagnosis of Early Lepromatous and Neural Leprosy—Harry L. Arnold, Jr., M.D., The Clinic, Honolulu 53, Hawaii.

Lepromatous leprosy is characterized by granulomatous skin lesions, abundant bacilli, variable nerve lesions, and a progressive downhill course. Neural leprosy is characterized by hypopigmented and sarcoïd-like skin lesions, scanty bacilli, variable nerve lesions, and a tendency to spontaneous arrest and healing. These forms are distinguished in practice by a search for bacilli and, if bacilli are abundant, biopsy.



Business Recess

Business Meeting and Election of Officers

Paper No. 47:

Penicillin in the Treatment of Early Syphilis—Charles W. Barnett, M.D., Stanford University Hospital, San Francisco.

The results of the treatment of approximately 100 cases of primary and secondary syphilis are described, the longest post treatment period of observation being a year and a half. Various schemes of treatment are discussed and the limited literature is summarized.

Paper No. 48:

Delusions of Parasitosis (Acarophobia)—J. Walter Wilson, M.D., 2007 Wilshire Boulevard, Los Angeles; and Hiram E. Miller, M.D., 384 Post Street, San Francisco.

The paper sets forth reasons for the adoption of an improved name for this symptom complex, gives a résumé of the differential diagnosis of the psychiatric conditions in which it occurs and offers a guide to the dermatologist in treating such patients. The pertinent literature is reviewed and all of the recorded cases are tabulated, together with more detailed accounts of seven hitherto unpublished cases of the authors.

Paper No. 49:

Tyrothricin in Skin Infections—Harold E. Anderson, M.D., 117 East Eighth Street, Long Beach.

A review of some of the literature concerned with the bactericidal agent, tyrothricin, is presented. Clinical and bacteriological experiences are included.

Paper No. 50:

Seborrhea—Psoriasis and Related Diatheses—Hal E. Freeman, M.D., 117 East Eighth Street, Long Beach.

This paper will give the author's concept of various conditions called "seborrhea" and opinions regarding seborrhea-psoriasis on the coast. The discussion of diagnosis and treatment will be from the point of view of practicable office procedure. Adequate Kodachrome slides will be presented illustrating the conditions and their different diagnoses.

The purpose of this paper is to present a series of simple fractures involving both bones of the lower leg which have been treated by internal fixation or by conservative methods; analysis of their period of hospitalization; period of disability; and what per cent went on to nonunion.

Paper No. 56:

Bone Grafting in Compound Fractures with Nonunion—Lt. Col. Richard B. McGovney (MC), Chief Orthopedic Section, Birmingham General Hospital, Van Nuys.

This paper deals with the indications, technique, preoperative and postoperative conditions in thirty fractures of the extremities with nonunion treated by bone grafting. Preoperative treatment from time of injury to bone grafting is described. Points in surgical technique that are stressed are: adequate exposure, careful removal of fibrous and scar tissue and avascular bone, functional alignment, preparation of the graft bed, rigid fixation by metal plates and screws, generous use of cancellous bone in remaining defects, and bone end drilling. Illustrations are by lantern slides of pre- and post-operative conditions. (With films.)

Paper No. 57:

Low Back Pain: Neurological Considerations—George H. Patterson, M.D., 1052 West Sixth Street, Los Angeles.

Diagnosis, treatment, operative findings, advisability of accompanying fusion, end results.

Paper No. 58:

Treatment of Post Traumatic Quadriceps Contracture—Albert H. Rodi, M.D., 1136 West Sixth Street, Los Angeles.

(No abstract submitted.)

VIII

NEUROPSYCHIATRY SECTION

Meeting Room: Parlor A, 4th Floor (Elks Temple)

CLARENCE WILMOT OLSEN, M.D., *Chairman*
1136 West Sixth Street, Los Angeles

HERBERT E. CHAMBERLAIN, M.D., *Secretary*
P. O. Box 933, Sacramento

Monday, May 7, 10:00 a.m.

Paper No. 59:

Chairman's Address—The Effect of Cerebral Vascular Accidents on the State of Consciousness—Clarence W. Olsen, M.D., 1136 West Sixth Street, Los Angeles.

The following questions are considered: How do focal and widespread disturbances of cerebral circulation affect the state of consciousness? Of what localizing value is partial or complete loss of consciousness accompanying cerebral vascular accidents?

Paper No. 60:

A Critical Appraisal of the Mental Examination in State Hospitals—Joseph Perlson, M.D., Patton State Hospital, Patton.

The formal mental examinations in state hospitals are mainly historical and descriptive, and often pre-

sent no understanding or knowledge about the patient. They are done at the convenience of the examiner and mostly for his gratification. Therefore, they could well be eliminated. The real issues are masked by emphasizing minutiae, and little therapeutic use is or can be made of them. It may hamper the study of psychogenesis. The keynote of psychotherapy should be socialization. Short, informal interviews in patient's hospital environment offers greatest possibilities. Success follows any well-administered method of psychological stimulation.



Business Recess

Business Meeting and Election of Officers

Paper No. 61:

Introspection and the Orbital Cortex—J. M. Nielsen, M.D., 727 West Seventh Street, Los Angeles.

Physiologically speaking, man is above all animals by virtue of his capacity for self analysis. Anatomically, the one structure which is far more developed in man than even in the highest anthropoids is the orbital cortex. Experimentally, the work of Freeman and Watts and clinically the work of Kleist both corroborate this correlation. Obsession with self is lost when the orbital cortex is anatomically separated from its connections with the basal ganglia. (With slides.)

Paper No. 62:

Subdural Hydroma: A Cause of Morbidity After Head Injury—William T. Grant, M.D., 1136 West Sixth Street, Los Angeles.

Collection of fluid between dura and arachnoid has been found to account for persisting, disabling symptoms after a head injury. Lumbar puncture or encephalography may yield suggestive or even confirmatory evidence of such a diagnosis. The severity of symptoms and the effectiveness of drainage by trephination seem to warrant presentation of collected cases. (With slides.)

Paper No. 63:

The Problem of Alcoholism—Paul Gliebe, M.D., University of California Hospital, San Francisco.

It is generally conceded that present methods for the treatment and rehabilitation of the alcoholic addict are unsatisfactory. The apparent success and growth of the Alcoholic Anonymous movement is discussed and an attempt is made to interpret the dynamic principles underlying their beliefs and teachings.

Paper No. 64:

Management of Ambulatory Psychiatric Patients at the Langley-Porter Clinic—Portia Bell Hume, M.D., Langley-Porter Clinic, The Medical Center, San Francisco.

The treatment of both psychotic and non-psychotic patients, including children and adults, on an outpatient basis, together with methods of investigation and followup of discharged in-patients.

Paper No. 65:

Psychosomatic Aspects of Headaches—Douglas Campbell, M.D., 2250 Pacific Avenue, San Francisco.

(No abstract submitted.)

IX PATHOLOGY AND BACTERIOLOGY SECTION

Meeting Room: Parlor A, 4th Floor (Elks Temple)

JAMES F. RINEHART, M.D., *Chairman*
University of California Hospital, San Francisco

JAMES B. McNAUGHT, M.D., *Vice-Chairman*
2398 Sacramento Street, San Francisco

R. H. OSBORNE, M.D., *Secretary*
312 North Boyle Avenue, Los Angeles

ALVIN J. COX, JR., M.D., *Assistant Secretary*
2398 Sacramento Street, San Francisco

Monday May 7, 2:00 p.m.

Paper No. 66:

Chairman's Address—Studies in Thiamin Metabolism—
James F. Rinehart, M.D., and L. D. Greenberg, M.D.,
University of California Hospital, San Francisco.

Sensitive methods for determination of the thiamin content of blood and tissues have been developed in our laboratory.

Controlled studies are reported on experiments with rats and monkeys which indicate that the concentration of thiamin in blood parallels that of tissues and reflects the intake. It is expected that estimation of blood thiamin in man will be a useful procedure in detection of thiamin deficiency. Observations on the myocardial lesion of thiamin deficiency in the rhesus monkey are reported.

Paper No. 67:

*Lymphosarcoma. A Case Report—*Howard A. Ball, M.D., San Diego County Hospital, San Diego.

The patient was under observation almost continuously for a period of two and one-half years during which time numerous differential blood studies were made. The difficulties in diagnosis and the attempt to correlate the blood picture with the radiotherapy administered, together with post mortem observations, will constitute the report.

Discussion by Louisa E. Keasby, M.D., Los Angeles (by invitation).



Business Recess

Business Meeting and Election of Officers

Paper No. 68:

*Pathology in China—*Charles L. Dale, M.D., 312 North Boyle Avenue, Los Angeles.

Observations on diseases occurring among Chinese refugees in the first years of the Sino-Japanese War. A comparison is made of certain degenerative diseases as seen in America, with the occurrence of the same lesions in the Chinese refugees.

Discussion by Hugh Edmondson, M.D., Los Angeles.

Paper No. 69:

*Variations in Stomach Size—*Alvin J. Cox, M.D., 2398 Sacramento Street, San Francisco.

A study of 100 stomachs shows marked variation in size and weight not explained by variations in body size. Some relationships to other conditions will be discussed.

Discussion by Ernest Hall, M.D., Los Angeles.

Paper No. 70:

*Anatomical Demonstration of the Anovulatory Menstrual Cycle—*Gert L. Laqueur, M.D., 2202 California Street, San Francisco.

A 12-year-old girl had menstruated regularly at normal intervals four times before sudden death from cerebral hemorrhage. The ovaries contained only one corpus luteum, although there were several atretic follicles and one thecal cyst.

Discussion by Angus Wright, M.D., Los Angeles.

Paper No. 71:

*Clonorchiasis with a Case Report—*James B. McNaught M.D., 2398 Sacramento Street, San Francisco.

A Chinese male, who had lived in the United States for 24 years, died two and a half months after a hemipelvectomy. A week prior to death, he became jaundiced. At autopsy, many hundreds of liver flukes (*Clonorchis sinensis*) were found in the bile ducts. These had undoubtedly been present for at least 24 years.

Discussion by Roy W. Hammack, M.D., Los Angeles.

Paper No. 72:

*Morphological Effects of Abortifacient Pastes—A Clinical and Experimental Study—*Reuben Straus, M.D., Cedars of Lebanon Hospital, Los Angeles.

At medical-legal autopsy histologic examination of the uterus of a woman aborted with an abortifacient paste, revealed an unusual lesion. The specificity of this lesion for the abortifacient paste was confirmed by an experimental study of its effects on uteri of pregnant rats and rabbits, together with in vitro tests.

Discussion by Edward M. Butt, M.D., Los Angeles.

Paper No. 73:

*A Simplified Procedure for Erythrocyte Fragility—*Reuben Straus, M.D., Cedars of Lebanon Hospital, Los Angeles.

The routine technique for erythrocyte fragility in standard textbooks of clinical pathology is relatively time-consuming. A simplified procedure is presented.

Paper No. 74:

*The Histogenesis of Gitter Cells—*William B. Dublin, M.D., 615 South Westlake Avenue, Los Angeles.

Gitter cells were previously thought to arise from the microglia. Recent work by Bagenstoss, Kernohan, and the writer has shown that most of them probably arise by proliferation of endothelium of small vessels and of adventitial cells. Experimental work on rabbit brain is here reported. Several illustrative lantern slides.

Discussion by C. B. Courville, M.D., and Clemson Marsh, M.D., Los Angeles.

Paper No. 75:

*The Inverse Relation of Nuclear and Cytoplasmic Function—*William B. Dublin, M.D., 615 South Westlake Avenue, Los Angeles.

Various authors have reported a daily rhythm of mitotic activity which varies in different animals. Blumenfeld showed that this rhythm is a function of individual organs. The writer is able to furnish a factual basis for the theory that nuclear and cytoplasmic functions lie in inverse proportion. Studies of endometrial glands are reported with illustrative lantern slides.

Paper No. 76:

The Kahn Verification Test—Rawson J. Pickard, M.D., 520 E. Street, San Diego.

Mass blood testing has been the cause of many embarrassing false positive reactions. The verification test has in nearly all cases given a clear distinction between true syphilitic reactions and the general biologic reaction frequent after bacterial infections and in various conditions. False positives can be detected immediately by a simple test.

Paper No. 77:

Acute Epidemic Hepatitis: With Report of a Case of Spontaneous Rupture of the Spleen—Lt. Comdr. David A. Wood MC(S), U.S.N.R., U. S. Naval Hospital, Oakland.

Five cases of epidemic hepatitis from naval personnel in the San Francisco Bay area are presented. Four were acute and one subacute. The majority presented unique clinical manifestations—acute pachymeningitis hemorrhagica interna, hemorrhages in the mid brain with decerebrate rigidity, spontaneous rupture of the spleen and fatal hemoperitoneum. All the cases were endemic in their occurrence, although a fellow mate of the corpsman whose spleen spontaneously ruptured also developed a rapidly progressive, fatal jaundice.

Paper No. 78:

Unusual Cases of Leukemia—Captain Albert M. Snell MC(S), U.S.N.R.; Lt. Comdr. David A. Wood MC(S), U.S.N.R.; Lt. Comdr. Louis H. Dyke, Jr. MC(S), U.S.N.R.; and Bruce L. Canaga, Jr. (MC), U.S.N., U. S. Naval Hospital, Oakland.

Twelve cases of leukemia studied in the past year present a number of interesting and unusual features. Many of these cases were atypical and emphasize difficulties frequently encountered in establishing the diagnosis of leukemia especially when the peripheral blood shows a persistent "aleukemic" phase. One case persistently manifested typical finding of lymphocytic leukemia in the peripheral blood, yet at autopsy failed to show positive evidence of leukemia in the hematopoietic tissues. Two cases developed white blood counts as low as 350 which they maintained for as long as five days with eventual temporary remission. The rôle of penicillin in tiding such patients over the "critical" period is alluded to clinically. One case of lymphocytic leukemia simulated Hodgkin's Disease until rather late in its course when classical leukemic changes finally appeared in the peripheral blood. Lymphocytic leukemoid reaction and bizarre lymphocytic changes seen occasionally in patients under "sulfa" therapy is discussed. Fatal hemoperitoneum occurred in one case of myelogenous leukemia coincidental with peritoneoscopy examination. (With slides.)

X

PEDIATRIC SECTION

Meeting Room: Ball Room (Elks Temple)

HOWARD R. COODER, M.D., *Chairman*
3875 Wilshire Boulevard, Los Angeles

CHARLES W. LEACH, M.D., *Secretary*
2000 Van Ness Avenue, San Francisco

CHESTER I. MEAD, M.D., *Assistant Secretary*
1930 Truxton Avenue, Bakersfield

Sunday, May 6, 2:00 p.m.

Paper No. 79:

Anoxia of the New-Borne—Frederick A. Fender, M.D., Stanford University Hospital, Clay and Webster Streets, San Francisco.

This paper has to do with anoxia with particular reference to predisposing causes during labor and also some notes regarding epilepsy as associated with it.

Paper No. 80:

Anomalies in Infants Following Rubella in Mother During Pregnancy—John J. Prendergast, M.D., 2001 Fourth Avenue, San Diego.

This paper deals with the subject of congenital cataracts in infants whose mothers have had German measles in pregnancy. There will also be a description of the type of cataracts observed. (With slides.)

Discussion by Carl Erickson, M.D., Pasadena, and Comdr. S. J. Winter, (MC), U.S.N.R., San Diego.

Business Recess

Business Meeting and Election of Officers

Paper No. 81:

Proctologic Problems of the Pediatrician—Edwin F. Patton, M.D., 267 South Beverly Dr., Beverly Hills.

An outline of rectal conditions frequently met in pediatric practice, not serious enough to require reference to a proctologist, with suggestions as to office management. (With slides.)

Paper No. 82:

Coronary Heart Disease: A Cause of Sudden Death in Children—David Davis, M.D., 9269 Brighton Way, Beverly Hills.

Two cases are presented illustrating Congenital Anomalies of the Coronary vessels resulting in sudden death. The literature is briefly reviewed and a classification of Coronary heart disease in children is offered.

It is suggested that Coronary heart disease be considered in all cases of Idiopathic Cardiac Hypertrophy in infants, and that the Coronary vessels be investigated in all cases of sudden death in childhood.

Paper No. 83:

Results of Bronchoscopy in Atelectasis of New-Borne Infants—Harold Owens, M.D., 1136 West Sixth Street, Los Angeles.

A brief summary of results will be given of cases of new-borne atelectasis treated by bronchoscopic aspiration and the indications for this procedure will be discussed.

XI RADIOLOGY SECTION

Meeting Room: Rotunda Room (Elks Temple)

EARL R. MILLER, M.D., *Chairman*
University of California Hospital, San Francisco

JAMES B. IRWIN, M.D., *Secretary*
1831 Fourth Avenue, San Diego

Monday, May 7, 10:00 a.m.

Paper No. 84:

A Roentgen Study of Chronic Pulmonary Coccidioidomycosis with Special Reference to Persistent Primary Infections—Major Horace Jamison (MC), A.U.S., Santa Ana Army Air Base, Santa Ana.

The evolution of 96 coccidioidal pulmonary infections which persisted for months or years following the initial acute phase of the disease is discussed according to predominant roentgen manifestation: (1) Persistent pneumonitis. (2) Nodular parenchymal lesions. (3) Cyst-like cavities. (4) Mediastinal and hilar adenopathy. (5) Pleural effusion. Factors influencing dissemination are briefly discussed.

Paper No. 85:

War Chest Injuries—Lt. Comdr. Joseph P. O'Connor (MC), U.S.N.R., and Lieut. Henry L. Jaffe (MC), U.S.N.R., U. S. Naval Hospital, San Diego.

The radiographic and surgical considerations of a group of 165 chest casualties received from the Pacific Combat zone will be presented. Lantern slides of chest roentgenograms of these patients will be shown to illustrate the various types of war chest injuries and their complications.

The surgical management of hemothorax, empyema, fibrothorax and intra-thoracic foreign bodies will be discussed. (With slides.)



Business Recess

Business Meeting and Election of Officers

Paper No. 86:

Photofluorography and Chest Diagnosis—David T. Proctor, M.D., 65 North Madison Avenue, Pasadena.
(No abstract submitted.)

Paper No. 87:

Aberrant Pancreas—Major Arthur J. Present (MC), A.U.S., Hoff General Hospital, Santa Barbara.

The finding of intramural or intraluminal defects in the antrum of the stomach due to this rather unusual condition in two cases with symptoms referable to the lesion makes their recognition important in the differential diagnosis of prepyloric lesions.

Paper No. 88:

Amebiasis: Its Roentgenologic Manifestations—Lt. Comdr. John D. Camp (MC), U.S.N.R., U. S. Naval Hospital, Oakland.

This discussion concerns the roentgenologic manifestations of amebiasis as observed in two large naval hospitals during the past three years. The fact that serious complications of this disease may masquerade

without recognition of the underlying cause indicates the need for greater familiarity with its roentgenologic features. Roentgenologic changes observed in amebiasis involving the gastrointestinal tract, liver, and chest will be presented, together with pertinent clinical data.

XII UROLOGY SECTION

Meeting Room: Second Floor (County Society)

PAUL A. FERRIER, M.D., *Chairman*
65 North Madison Avenue, Pasadena

DUDLEY P. FAGERSTROM, M.D., *Secretary*
710 Medico-Dental Building, San Jose

Section Aides:

PHILIP POTAMPA, M.D., Los Angeles
EARL NATION, MD., Pasadena

Monday, May 7, 2:00 p.m.

Paper No. 89:

Chairman's Address—Citizen Urologist—Paul A. Ferrer, M.D., 65 North Madison Avenue, Pasadena.

We have a heritage of freedom. What price medical regimentation? A consideration of the effect on quality of service and medical progress.

Paper No. 90:

Perinephritic Abscess Secondary to Renal Infection—Albert M. Meads, M.D., 251 Moss Avenue, Oakland.

The clinical symptoms arising from the acute and chronic forms of perinephric infections are contrasted. The latter type is usually secondary to renal infection, developing insidiously under cover of the original renal symptoms. Diagnosis is often thus delayed until extensive damage is done. Illustrative cases are presented. (With slides.)

Discussion by Adolph Kutzmann, M.D., Los Angeles.



Business Recess

Business Meeting and Election of Officers

Paper No. 91:

Submucous Cystitis—Roger W. Barnes, M.D., 1216 Wilshire Boulevard, Los Angeles.

Submucous cystitis, or Hunner Ulcer, is a distressing disease to both the patient and the physician. The object of treatment is to increase the blood supply to the bladder mucosa and to increase the bladder capacity and prevent tonic contracture of the bladder. Therapy following these principles and which has been successful in relieving symptoms in 95 per cent of cases is given. A summary of 60 cases given this treatment is presented. (With slides.)

Discussion by Tracy Powell, M.D., Los Angeles.

Paper No. 92:

Emuresis in the Adult Male—Major Burton L. Stewart (MC), U.S.A., Pasadena Regional Hospital, 425 South Grand Avenue, Pasadena.

A consideration of this condition as encountered in a large military service, with a rationale as to etiology, pathology and a proper approach to cure.

Discussion by James L. Bray, M.D., Los Angeles.

Paper No. 93:

Transurethral Treatment of Bladder Tumors—Thomas L. Schulte, M.D., 909 Hyde Street, San Francisco.

The facility with which the cystoscopic treatment of bladder tumors can be employed, its low rate of morbidity and mortality, and its statistical end results are all factors which strongly endorse it as the preferred method of treatment. (With films.)

Discussion by Theodore Bergman, M.D., Los Angeles.

Paper No. 94:

Tumor and Cyst of the Urachus: Case Report—Robert J. Prentiss, M.D., 611 Medico-Dental Building, San Diego.

This patient presented the usual symptoms of hematuria. Cystoscopic findings were very suggestive. Biopsy revealed the tumor to be adenocarcinoma. The case is reviewed, with two others, and is recorded because of the rarity of the disease. (With slides.)

Discussion by A. J. Scholl, M.D., Los Angeles, and Lyle G. Craig, M.D., Pasadena.

Paper No. 95:

The Chermey Incision as Applied to the Surgery of the Bladder and Lower Ureter—Donald R. Smith, M.D., 384 Post Street, San Francisco.

This low transverse abdominal incision affords exceptional exposure for extensive surgery of the bladder and is peculiarly suited to ureterolithotomy for juxtavesical stone. (With slides.)

Discussion by Samuel K. Bacon, M.D., Hollywood.

XIII

PUBLIC HEALTH SECTION

Meeting Room: Retunda Room (Elks Temple)

J. C. GEIGER, M.D., *Chairman*
101 Grove Street, San Francisco

GEORGE M. UHL, M.D., *Vice-Chairman*
116 Temple Street, Los Angeles

DWIGHT M. BISSELL, M.D., *Secretary*
City Hall, San Jose

Monday, May 7, 2:00 p.m.

Paper No. 96:

Chairman's Address—Public Health Bacteriology—J. C. Geiger, M.D., 101 Grove Street, San Francisco.

Bacteriology and its allies (Serology, Immunology, Mycology, Parasitology and Virology) cease to become separate entities and merge under the larger field—Medicine.

There are three general ways in which the relationship between physicians and public health laboratories of tomorrow will be strengthened:

First—From these laboratories will come information which will give us a stronger hold on our knowledge of the etiology of infections.

Second—We must not overlook the fact that technical improvements in the laboratories are likely to have an influence on medical practice and public health.

Third—A change in attitude. The increasing complexity of our existence is forcing specialization, whether or not we approve, and the burden of technical knowledge of the laboratory will be turned over to technicians and end the pretense of expert knowledge by physicians.

The relationship between the physician, the epidemiologist and the laboratory will improve with better coördination of effort.

It may be admitted that in our own brief lives we have become aware of the basic medical discoveries that have been made for increasing the life span and the happiness of mankind.

Paper No. 97:

Public Health and Preventive Aspects of Streptococcal Infections—Lowell A. Rantz, M.D., Stanford University School of Medicine, San Francisco.

The natural history of hemolytic streptococcal respiratory disease has been poorly understood. Recent investigation indicates that rheumatic fever is only part of a complex pathological process which is frequently initiated by infection by these organisms.

The control of rheumatic fever and the heart disease which frequently follows it, is intimately related to the elimination of infection by hemolytic streptococci. The rôle of the spread of disease by direct contact and by airborne bacteria must be considered.

Possible preventive measures include the reduction of exposure of susceptible individuals by isolation of infected persons and carriers, the elimination of the carrier state by chemotherapy, and the sterilization of the air by physical and chemical techniques. Another approach lies in the prevention of tissue invasion by streptococci by chemoprophylaxis and immunization. The potential value of each of these methods will be discussed critically.



Business Recess

Business Meeting and Election of Officers

Paper No. 98:

Public Health Aspects of Rheumatic Fever in Naval Installations on the Pacific Coast—Comdr. R. F. Solley (MC), U.S.N.R., U. S. Naval Hospital, Corona.

(1) Epidemiology in relation to streptococcal respiratory tract infections; (2) Pathogenesis of Rheumatic Fever and its significance; (3) Importance of obscure, delayed or late manifestations of the disease; and (4) Group rehabilitation of Rheumatic Fever patients.

Paper No. 99:

Recent Observations on Virus Pneumonia—Monroe Eaton, M.D., 1392 University Avenue, Berkeley.

Several viruses may cause pneumonia in man, but

the most prevalent form of the disease called primary atypical pneumonia is probably of uniform etiology. A new virus transmissible to cotton rats, hamsters, and chick embryos has been isolated from both mild and severe cases and the majority of serums obtained from patients convalescing from the disease were shown to contain specific neutralizing antibodies for this virus. The use of the cold agglutination reaction and other serological tests as diagnostic aids will be discussed. Virus pneumonia caused by the psittacosis-ornithosis group is a relatively rare disease having clinical and epidemiological characteristics which differ from the more prevalent primary atypical pneumonia. The pathological findings in pneumonias caused by different viruses are not distinctive. (With slides.)

Paper No. 100:

Modernization of Quarantine Regulations for the Prevention of the Transmission of Tropical Diseases to the United States—Captain Thomas B. Magath MC(S), U.S.N.R., Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

A brief review will be presented of the background of quarantine procedures with special reference to those which relate to air traffic. The result of preventive medicine in military forces will be discussed and its effect on quarantine practices. Finally a code of regulations will be outlined designed to simplify the proceedings of entrance into a country through quarantine, taking advantage of newer knowledge of diseases and the methods of dissemination and prevention. (With slides.)

MILITARY FILMS

Lodge Room, Elks Temple, corner West Sixth Street and Park View

A series of military films, restricted, showing work of medical services in action have been secured through the courtesy of the military authorities.

These films will be shown on Sunday evening, May 6, in the Lodge Room of the Elks Temple. Films will be displayed between the hours of 8:00 and 10:00 p.m. C.M.A. members and their families are invited to view these films. No tickets of admission required.

Films listed for presentation include the following:

FB-147—"Medical Service in the Jungle" (20 min.).

FB-146—"Medical Service in the Invasion of Normandy" (22 min.).

TF 8-2090—"Ward Care of Psychotic Patients" (38 min.).

TF 8-1378—"Clinical Malaria" (25 min.).

COMMITTEE ON LOCAL ARRANGEMENTS

Executive Group

E. T. Remmen, Chairman

Louis G. Regan George H. Kress, ex-officio
Ralph B. Eusden S. K. Cochems

The Committee on Scientific Work arranged to use the facilities of the Elks Temple and the Los Angeles County Medical Association headquarters. Publicity concerning the programs was given in the "*Bulletin of the Los Angeles County Medical Association.*"

Respectfully submitted,

E. T. Remmen, *Chairman.*

CHAPTER V

RE: COMPULSORY HEALTH INSURANCE BILLS PENDING IN 1945 CALIFORNIA LEGISLATURE (56TH SESSION)

CALIFORNIA AND WESTERN MEDICINE for January, 1945, on pages 1-4 and 25-40 presented informative comments and items dealing with proposed Sickness Insurance laws for California.

In the issue of February, on pages 51-53 and 64-92 the items were continued as Chapter II of the series.

In the March number of CALIFORNIA AND WESTERN MEDICINE the sequence appeared as Chapter III, pages 123-126.

Chapter IV had place in the April number, on pages 188-198.

In the present number of CALIFORNIA AND WESTERN MEDICINE the sequence is given as Chapter V. (See pages 276-289.)

Indexes of Health Insurance Items

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INDEXES: SICKNESS INSURANCE ITEMS

(The *index* of "Chapter I" of Sickness Insurance items, appeared in CALIFORNIA AND WESTERN MEDICINE, for January, on page 40. The *index* of "Chapter II," appeared in the February issue, on page 64. "Chapter III" *index*, on page 123 of March issue; "Chapter IV" *index*, on page 188 of April issue. What follows, is the *index* for "Chapter V.")

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ITEM I

Governor Warren Fights His Party on Public Health Measure

Sacramento, April 4.—Governor Earl Warren clashed with Republican Assemblymen today on the issue of public health insurance, defying party leaders who warned that the Governor's whole legislative program would be wrecked unless he gave up his fight for his public health bill.

The Assembly public health committee voted last night to table the Governor's health bill and a rival C.I.O. measure.

"Not a Chance"

Sam L. Collins, Fullerton, Republican floor leader, asserted today:

"There isn't a chance in the world to pass this bill. If the Governor insists on attempting to bring this bill out of committee, it means a fight in the Republican ranks that will wreck his entire legislative program."

Almost immediately, Warren announced that he would proceed with efforts to bring the bill to a vote, and also accused the committee of prejudice.

Criticizes Bill Foes

Commenting on the prospect of mustering the forty-one Assembly votes needed to bring the bill out of committee, Warren said at his news conference:

"If we get the votes, the bill will carry. If we don't it won't."

Angrily criticizing committee foes of his bill, the Governor said:

"It isn't very inspiring to see a legislative committee that is charged with such a responsibility announce, before it has finished its hearing, that it intends to chloroform all legislation on the subject."

Opposition Revealed

Warren was referring to disclosure yesterday, prior to hearings on the health bill, that a majority of committee members intended to vote to table the bill.

"I can hardly believe," Warren added, "that the Legislature is going to give a brush-off such as the Assembly committee gave to this tremendously important problem."

"It's very evident that, insofar as the committee was concerned, the matter was prejudged before the case was in."

Can't Trifle With It

Warren expressed confidence that the Legislature would give the subject "more serious consideration," and declared:

"It is so tremendously important to the public that people can't honorably trifle with it."

Warren said he never had tried to force passage of his bill or lobby for it, but merely had sought to make public his own views, and to answer questions of the public frankly.

Commenting on Collins' statement, Warren said:

"Probably the wish is father to the thought."

Collins said he had been unable to see the Governor to confer with him regarding the measure although he had tried repeatedly to obtain an appointment.

Warren, at his news conference, commented:

"The door is open at all times to any legislator, and that means not any one of them, but all of them."

Hold Parley

Collins and Assemblyman C. Don Field (R.), Glendale, another opponent of the health bill, conferred with Assemblyman Albert C. Wollenberg (R.), San Francisco, who handled the bill for the Governor.

Collins and Field told Wollenberg that Republican sentiment was "overwhelmingly" against bringing the bill out of committee, and that he in all probability would be unable to get the votes to do it.

The committee voted, 7 to 3, against approving either the administration's Wollenberg bill or the rival C.I.O. Thomas measure.

Senator Byrl R. Salsman (R.), Palo Alto, said he would drop his companion measure to the Wollenberg bill in the Senate if the Assembly acted unfavorably.

To Give Notice

Both Assemblyman Albert C. Wollenberg (R.), San Francisco, and Vincent Thomas (D.), San Pedro, announced they would give the required two day notice of intention today to move for withdrawal of their bills from committee, which cannot be done before Friday at the earliest.

The committee's action late last night was not unexpected in view of the earlier report, but it came with surprising and dramatic suddenness during a final hearing on the compulsory health insurance legislation.

At the time, legislative auditor Rolland A. Vandegrift, a witness, was at a blackboard ready to jot down figures of estimated costs after clashing with Assemblyman Augustus F. Hawkins (D.), Los Angeles, who was interrogating him on the Thomas bill.

Caught Off Guard

Rising to interrupt, Collins moved to table the Thomas bill then and there. Hawkins, caught off guard, was stunned for a moment.

A colleague, Assemblyman Jack Massion (D.), Los Angeles, was on his feet, though, with a substitute motion to send the bill out with a favorable recommendation.

Assemblyman Fred H. Kraft (R.), San Diego, chairman, called the committee roll. The vote:

Aye—Hawkins, Massion and Edward M. Gaffney (D.), San Francisco.

No—Kraft, Collins, Fred Emlay (D.), Salinas; John W. Evans (D.), Los Angeles; C. Don Field (R.), Glendale; Richard H. McCollister (R.), Mill Valley and John F. Thompson (R.), San Jose.

Assemblymen Ernest Debs, Ralph C. Dills and John Pelletier, all Los Angeles Democrats and committee members, were absent.

The vote was no sooner taken than Hawkins moved that the Wollenberg bill be recommended. This failed by the same vote.

Then Gaffney spoke up:

"I move we send out both bills without recommendation," he said.

"Oh, that's silly," remarked Field. "I move as a substitute to table—no, I move we adjourn."

"So ordered," declared Kraft—and it was all over.—*San Francisco Call-Bulletin*, April 4.

ITEM II

Battle Set to Force Vote on Health Plans*Supporters Will Attempt to Bring Bills to Floor of House*

Sacramento, April 4.—Governor Earl Warren today voiced sharp criticism of the assembly public health committee for "chloroforming" compulsory health insurance legislation, as administration leaders mapped plans for carrying the fight to the floor of the lower house next week.

Assemblyman Fred Kraft, San Diego Republican and chairman of the committee, replied to Warren late today by declaring that the Governor's charges are not warranted by the facts and are a reflection "upon legisla-

tors who are doing an honest and thorough job on this subject."

7 Against

The committee late last night refused "do pass" recommendations to the two major health insurance bills—A.B. 800, sponsored by the Governor, and A.B. 449, backed by the C.I.O. Seven of the thirteen committee members voted against sending the bills out—which means they are frozen in committee unless the assembly itself votes to take them out, which requires forty-one votes.

Assemblyman Albert C. Wollenberg, author of the administration bill, and Assemblyman Vincent Thomas, who introduced the C.I.O. measure, started proceedings to remove the bills from committee by giving formal notice of their intention. As at least two days must elapse between the notice and the actual attempt, Wollenberg and Thomas said no action would be taken until next week.

Warren Blunt

While Wollenberg and Thomas were giving their notices in the assembly, Governor Warren was lambasting the action of the public health committee in forthright language which made it plain that he was no little incensed.

"I can hardly believe," he said, "that the legislature is going to give a brush off, as the committee did, to this important problem. It was very evident, so far as the committee was concerned, the matter was prejudged before the case was in."

"Important"

"I sincerely hope and believe the legislature as a whole will accord the subject of health insurance more serious consideration than that. It is a matter so important to the public that they just can't honorably trifle with it."

He was asked about the committee's recommendation that in lieu of any action on health insurance at this legislative session, an assembly interim committee be appointed to make a two year investigation and report back in 1947.

"That's the chloroform," snapped Warren.

In Double Rôle

"In other words," Warren said grimly, "they wear one hat and decide to chloroform it, and wear another and decide to give it a fair hearing."

He made it clear that he has not tried to "lobby" the legislature on the bill, declared he regarded health insurance as "one of the most serious problems in the life of our State," and urged "full, fair, and not prejudged consideration."

Told that Assemblyman Sam L. Collins of Fullerton, G.O.P. floor leader, had stated that if Warren forced the health insurance issue it would "wreck his entire legislative program," Warren commented: "Probably the wish is father to the thought."

Not Final

Wollenberg said today he did not regard the action of the Kraft committee as final, and that health insurance was far from being a "dead duck."

"Several opposition leaders have come to me today and urged me to drop the matter in view of the committee's stand," Wollenberg added. "They tried hard to convince me that we're through, but they were jittery. When they smile and aren't jittery, I'll believe it's a dead duck."

Await Caucus

Wollenberg and Thomas conferred with Assemblyman Alfred W. Robertson, chairman of the Democratic

caucus, before giving their notices of motion to withdraw the bills from committee. They agreed not to press the motion until after the Democratic caucus, scheduled for Monday night. The Democrats are on record in support of health insurance.

The controversy over continued tax reduction is also expected to remain dormant until next week, as legislators on both sides of the issue sought today for ways to turn latest health insurance developments to their advantage.—San Francisco *Examiner*, April 5.

ITEM III

Health Bill Fight

Governor Warren Charges Assembly Group "Prejudged" Plan, Gave it "Brush-off"

Sacramento, April 4.—For the first time since he took office, Governor Warren today lashed out at a legislative committee. This was for giving what he described as the "brush-off" to his compulsory health insurance bill.

The Governor took the Assembly Public Health Committee to task for its action last night in precipitously blocking a vote by the Legislature on the compulsory health insurance issue. By a vote of 7 to 3, the committee refused to send either the Governor's bill or that of the C.I.O. to the Assembly floor for action there.

Assemblyman Albert C. Wollenberg, San Francisco, principal author of the Governor's bill, served notice on the Assembly today he would seek to bring the Warren Bill out of the Public Health Committee for a vote by the entire Assembly. It will require 41 votes to get the vote out of committee.

Warren characterized the proposal of the majority of the committeemen to delay action while a two-year study is being made by an Assembly committee as an intent "to chloroform all legislation" on the subject of compulsory health insurance. . . .—San Francisco *Chronicle*, April 5.

ITEM IV

Health Bill Treatment Irks Warren

Governor Charges Legislators Gave Measure "Brush Off"

Sacramento, April 4.—Governor Warren for the first time struck at a legislative committee when he charged today that the Assembly Public Health Committee had given his State health insurance bill "the brush off."

Warren made the charge at his morning press conference as a result of the committee action last night in voting down, 7 to 3, a motion to send out with a favorable recommendation both his bill and the one backed by the C.I.O.

Immediately thereafter handlers of the bills in the Assembly served notice that they will move to bring the bills out of committee by a vote of the Assembly. Assemblyman Alfred Wollenberg, handling A.B. 800 for the Governor, gave notice to the Assembly today.

Warren's Statement

"I can hardly believe that the Legislature is going to give a brush-off such as the Assembly Public Health Committee has given this important problem," said Warren. . . .

Serious Problem

"I have the greatest respect for the Legislature and its prerogatives and I wouldn't operate on any other basis regardless of how interested I might be in legislation. Acting that way, I believed that when I submitted one of the most serious problems in the life of our State to the Legislature it should be entitled to a full and fair hearing and not be given prejudged consideration."

At this point he was told that Assemblyman Sam L. Collins of Orange, a member of the Public Health Committee who voted against the Governor's bill, had said that he thought the Governor ought to drop his compulsory health measure for "otherwise he will wreck his whole legislative program."

"All I have to say to that is that the wish is probably father to the thought," snapped the Governor.

The Governor was told that Collins has said he tried to see him several times without success. The Governor asked his secretary to check, and the report came back that some time ago Collins made an appointment with the Governor and it was kept.

Collins, who is Republican floor leader in the Assembly and is principal author of a voluntary health insurance measure sponsored by the California Medical Association, later said the Governor apparently was misinformed about his efforts to see him and he will now call on Warren and "talk things over with him."

"Brush-Off" Denied

Three of the seven committee members who voted against the Warren bill, asked if they had any comment on Warren's blast, denied there was a "brush-off." They are Collins, Fred Kraft of San Diego, chairman of the committee, and C. Don Field of Glendale, all Republicans.

Kraft pointed out the committee had held hearings over two months in San Diego, Los Angeles, Fresno, San Francisco and Sacramento, and two full hearings, afternoon and night, since the Legislature reconvened.

Sorry About Charges

"If that's giving a bill the 'brush-off' then we're guilty, I guess," said Field.

Kraft said he was "sorry" the Governor had made the charges, which Kraft called "a reflection upon legislators who are doing an honest and thorough job on this subject."

"The Governor's bill has been virtually rewritten three times and the C.I.O. bill twice, which is evidence that the proponents themselves are not sure of their ground and that more study is needed," Kraft said. . . . —Los Angeles Times, April 5.

ITEM V

Breach Widened for Warren Foes

Sacramento, April 5.—The first conference between Governor Earl Warren and Republican Assembly leaders on the Governor's compulsory health insurance program has widened the breach between Warren foes of the program, Republican Floor Leader Sam L. Collins said today.

Collins said he conferred last night with the Governor and Assemblyman Albert C. Wollenberg (R.), San Francisco, who is handling the Governor's bill.

The parley was the first between Warren and a spokesman for the bill's foes since the bitter clash yesterday between Warren and the Assembly Public Health Committee over the issue.

Stands Firm

Warren, according to Collins, refused to back down from his all-out support of his public health insurance bill and indicated he was ready for a wide-open fight on the Assembly floor.

Hold Trumps

With the Republicans widely split, the Democrats hold the trump cards, and both G.O.P. proponents and opponents of compulsory health insurance were wooing their votes.

The Governor's sharp rebuke to the Assembly Public Health Committee for refusing to recommend passage of his bill aroused much comment in both houses.

Collins and Assemblyman Fred H. Kraft, committee chairman, declared in so many words that the Governor didn't know what he was talking about. . . . —San Francisco Call-Bulletin, April 5.

ITEM VI

Warren Renews Health Fight

Governor Continues Hopeful for a Vote on Measures at Present Legislature

Sacramento, April 6.—Governor Warren today declared he did not "feel the cause of compulsory health is lost in this Legislature."

"I believe before the session is over the Legislature will recognize the tremendous importance and the serious problem involved in this issue and that it will do something about it," Warren told newsmen.

He made this statement after he was advised that Senator Byrl Salsman, handling his compulsory health bill in the Upper House, had indicated he would give up the fight if the Assembly does not grant Assemblyman Albert C. Wollenberg, leader of Warren's forces on the same issue, a vote on the bill. •

On the subject of appointment of interim committees to study further the question already the subject of 30 years of legislative reports, Warren described that procedure as "just a polite way of entirely avoiding the issue and chloroforming the legislation."

Assembly Vote Fight

Appointment of interim committees to study the controversial health problem further will be proposed in both Assembly and Senate next week. At the same time, the fight to get the health program before the Assembly will be started.

In the Senate, three members, Judah, Weybret and Breed, announced their intention of asking for the creation of a Joint Legislative Committee of six members with a \$100,000 appropriation to conduct a study of health insurance during the coming two years.

Assemblyman Sam L. Collins, Chairman Fred Kraft of the Public Health Committee, Assemblymen Frank J. Waters, T. Fenton Knight and others signed a proposed resolution also creating a study committee but confining it to members of the lower house.

Collins, author of the California Medical Association's voluntary health insurance proposal, and Kraft were two of those who voted down compulsory health insurance bills in committee this week. They urged the study on the ground that "before intelligent action may be taken" on the issue, many matters must be inquired into in connection with the entire problem.

Eight Months Allowed

The size of the proposed Collins committee and the sum of money to be asked for its work will be determined later. The committee would report no later than eight months after the adjournment of the present session.

Unlike Senator Salsman, author of the Governor's bill in the upper house, Assemblyman Wollenberg, who has a companion measure in the Assembly, will not quit fighting this early in the session.

"I'm going right ahead and I haven't changed my mind one bit because of legislative developments in committee," said Wollenberg. "I still believe this session of the Legislature should act on health insurance."

Wollenberg will move about the middle of next week to get his bill out of the Public Health Committee so

that every member of the Assembly may vote on the compulsory health issue.

The proposed Senate interim committee would be empowered to obtain help from experts from the medical, insurance companies, farmers, hospital, industry and other fields of endeavor.

Senator Salsman said he believed "if there is not going to be any legislation then further study should be made, but it should be made by a joint legislative committee, instead of that of one house only." He believed the study should be turned over to experts in medical economics and persons with actuarial experience instead of over to representatives of the doctors, hospitals and industry.

Future of Salsman Bill

Salsman will not take up his bill in committee if Wollenberg is unsuccessful in getting the Assembly bill out of the Public Health Committee in the lower house.

Senator Judah said he thought a partial report at least should be ready for public perusal early in 1946 since the compulsory health issue appears certain to be on the ballot at the November general election.

The Democratic minority in the Assembly will caucus Monday night and discuss the compulsory health bill situation then. Democratic county organizations, including the Los Angeles committee, have recently indorsed compulsory health insurance. Democratic State chairman William M. Malone has told his party members he would vote for compulsory health insurance, were he a legislator. County chairman Mike Fanning, likewise, is for it. Democratic leaders may be here next week to meet with the legislators.

Assemblyman Vincent Thomas, author of the C.I.O.'s bill, also will make a move to take his measure away from the Public Health Committee and bring it to the floor for a vote. . . . —San Francisco *Chronicle*, April 7.

ITEM VII

Warren Girds for Health Bill Fight

Sacramento, April 7.—Pressure groups for and against Governor Warren's compulsory health insurance program were busy today, while the Legislature was in recess for the week-end.

Although many observers believe that the legislation is already doomed, the Governor called upon Republican state and county leaders to use their influence in whipping recalcitrant G.O.P. assemblymen into line to support withdrawal of his bill from the Public Health Committee.

Concession of Defeat

A virtual concession of defeat on the part of the Governor's health insurance supporters was seen in a declaration by Senator Byrl Salsman, author of the Senate health bill, that "the best alternative" might be an interim legislative study.

The statement came after a trio of Republican senators disclosed they were preparing a resolution creating a joint legislative committee to supervise a complete interim health study.

At the same time the C.I.O. was endeavoring to rally labor and statewide Democratic groups to induce assemblymen to vote for putting their rival measure on the Assembly floor for consideration also.

In opposition, the California Medical Association and its allies, through home town doctors, dentists, druggists, nurses, hospital officials and others, bombarded legislators with telegrams urging them to keep all health service bills bottled up in committee.

Caucuses

Both Republican and Democratic lawmakers will hold

separate caucuses Monday night to discuss strategy on health insurance, taxation and other issues. . . . —San Francisco *Call-Bulletin*, April 7.

ITEM VIII

Health and Taxes

Economy Bills, Health Insurance, County Subsidies Up for Vote Again

Sacramento, April 8.—Governor Warren's State tax cuts and his compulsory health insurance program will be before the Legislature again tomorrow as the Senate and Assembly begin the sixth week of deliberation since the constitutional recess. . . .

Health Insurance

Renewal of the fight over health insurance will be centered in the Assembly with the Senate also having a part in the controversy.

Governor Warren wants action at the present session on the health insurance issue.

In both the Assembly and Senate are moves to postpone any action now by creating interim study committees to make investigations and report on the health insurance problem.

While the argument goes on for the creation of interim committees, proponents of compulsory health insurance were organizing in an effort to bring out of the Assembly Public Health Committee both the Governor's bill and the C.I.O. sponsored Thomas measure on that subject. Both bills have been chloroformed in committee.

Chairman Fred Kraft of the committee contends his side will round up sufficient strength to prevent the bills from coming to the floor.

May Force Vote

Assemblyman Albert C. Wollenberg, San Francisco, who is handling the Warren bill in the Lower House, challenges this statement.

A coalition of supporters of the Governor's bills and those of the C.I.O. bill may result in forcing a vote on the issue.

Assembly Democrats are to caucus tonight and some of the party leaders are expected to recommend that the members follow the party platform and vote for compulsory health insurance.

Assemblyman Sam L. Collins, author of the California Medical Association's Voluntary Health Insurance Bill, is also the principal author of the Lower House resolution, setting up an interim committee to be named by Speaker Charles W. Lyon, also an opponent of compulsory health insurance.

Kraft wants the chairmanship of the committee. The gossip around the Capitol is that the C.M.A. group will ask that the San Diego druggist be named chairman if a committee is named. But others on the resolution have different ideas.

The Assembly interim committee, incidentally, is authorized to meet anywhere, even abroad if necessary, to study health insurance. On the Public Health Committee, whose majority smothered the two bills in committee the other night, are some of the "travelingest" members of the legislature. Just how many of them would be included on any special group for study purposes is conjectural.

The Republicans are also to caucus tomorrow night. But the compulsory health insurance issue has not been made a party matter by the G.O.P. Assemblymen. They will discuss taxes instead and try to agree on a campaign to approve the Governor's program on that subject.—San Francisco *Chronicle*, April 9.

ITEM IX

Assembly Due to Hold Showdown on Health Bills

Sacramento, April 9.—Paving the way for a long-awaited showdown on the controversial health insurance issue, the Assembly agreed today to vote tomorrow on motion to withdraw from committee both Governor Earl Warren's health bill and the rival C.I.O.-sponsored measure.

The parliamentary move—made over the protest of Republican and Democratic Assembly leaders alike—came as the Senate meantime prepared to vote this afternoon on the likewise controversial Hulse bill to earmark \$100,000,000 of the State surplus for postwar subsidies to cities and counties.

Forty-one Votes Needed

Opponents of compulsory health insurance claimed neither the Warren nor the C.I.O. forces could muster the forty-one votes required to pull the two bills out of the public health committee.

Fred H. Kraft, San Diego assemblyman and chairman of the Assembly Public Health Committee—which last week recommended tabling of the health question pending an interim study—predicted the bills would remain in committee and die a natural death there.

Assembly Democrats still held the key to the entire health picture. Polls show that neither the Warren nor the C.I.O. bill could win without the support of a large percentage of the Democrats.

Further Probe

Assemblyman Sam L. Collins, Republican floor leader, introduced a resolution providing for further investigation of health insurance by an interim committee, to report to the Governor within eight months. Or at a special session if there should be one, prior to the next regular session.

An appropriation of \$15,000 to finance the study was asked.

Assemblyman Vincent Thomas, San Pedro Democrat, author of the C.I.O. health bill, touched off the showdown move this morning when he moved to have his withdrawal motion considered as a special order of business at 10:30 a.m. tomorrow.

Several Coming

Democratic Floor Leader Alfred W. Robertson, Santa Barbara, suggested Thomas might let the action go over for two or three days, but the latter explained he had "several people coming up tomorrow morning and I don't want them to make an unnecessary trip."

Assemblyman Alfred C. Wollenberg, San Francisco, author of the Warren health measure in the lower house, immediately moved to have his bill considered tomorrow morning as well.

It was placed on the calendar for 10:35 a.m., immediately after the C.I.O. bill.

Both Republicans and Democrats will hold caucuses tonight to map further strategy.—San Francisco *Call-Bulletin*, April 9.

ITEM X

Health Bill Due for Vote in Assembly; Subsidy, Too

Sacramento, April 10.—The health insurance question was to come up for what may be its only Assembly vote today as the lower house received a Senate-approved bill to earmark 100 million dollars in State funds for local public works.

The Assembly vote was to be on whether the two health insurance bills held in the Public Health Committee would be withdrawn for consideration by the whole

House. If the motions are defeated decisively, there probably will be no future action on the bills.

Assemblyman Wollenberg (R., S. F.), author of the health insurance bill favored by Governor Warren, claimed the 41 votes necessary to carry his withdrawal motion. Assemblyman Vincent Thomas (D., San Pedro), who introduced the C.I.O. bill, said he looked for a "close vote."

Results of caucuses by both Republican and Democratic assemblymen last night indicated the chief support for the motions would come from Democrats. A "very large majority" of the 29 assemblymen attending the Democratic caucus will support the motions, Assemblyman Alfred W. Robertson (D., Santa Barbara), minority leader, said.

Republicans failed to discuss health insurance at their caucus. However, Assemblyman C. Don Field (R., Glendale) expressed the flat personal opinion that the withdrawal motions would be defeated.

Before the Republicans held their caucus they dined at Capitol City Yacht Harbor Club as guests of Ben H. Read, lobbyist for the Public Health League, political wing of the California Medical Association, and Jay H. Kugler, legislative representative for the Dairy Institute of California.

Mr. Read insisted the dinner had no bearing on discussion of compulsory health insurance bills, which the medical association is opposing.

"Jay Kugler and I just decided we'd pick up the check," said Mr. Read. "There's nothing to it—just an ordinary dinner. This seemed kind of a nice place for some drinks."

After paying the bill, the two lobbyists discreetly retired and left the assemblymen to caucus.

The Democrats, however, will pay for their own caucus dinners, said Assemblyman Robertson, waving a \$400 check he received from the Jefferson Day Dinner Fund. He added the Democrats might accept a party from Mr. Read some time but explained he "didn't think" it would be a caucus dinner.

Resolutions to delay health insurance pending further studies were offered in both the Assembly and Senate. . . . —San Francisco *News*, April 10.

ITEM XI

Health Bill Killed*Assembly Votes to Shelve Issue in Committee*

Sacramento, April 10.—Enactment of a compulsory health insurance bill at the current session was killed off today by the refusal of the Assembly to permit of a vote by its entire membership on that issue.

First test on the issue came when the Assembly refused 42 to 34 to withdraw from its Public Health Committee the C.I.O. sponsored Thomas bill.

Thirty-two Republicans, joined by ten Democrats, turned down Governor Warren's recommendation that the Legislature pass a prepaid medical care program based on compulsory health insurance now.

Only seven Republicans, Burns, Hollibaugh, Lyon, Maloney, Sheridan, Carey and Wollenberg voted with 27 Democrats in favor of Assemblyman Vincent Thomas' motion to bring his bill to the lower house for a vote. The Assembly committee chloroformed the compulsory health insurance bills last week.

The Absentees

Three Republicans and one Democrat were absent. Two of the Republicans were excused because of absence. One, Mrs. Kathryn Niehouse, only woman legislator, was excused because it was explained she was in San

Francisco on business although today was known to be the day of decision on the health insurance issue.

One Democrat, John B. Pelletier, Los Angeles, sat mute during the roll call and did not record his vote. Once during debate on the withdrawal motion, Speaker Lyon cautioned Pelletier about his language. The Los Angeles man had denied with a "damn liar" retort statements that the Health Committee of which he was a member, had not given a full hearing on the bills.

Assemblyman Thomas charged the Public Health Committee with "unfairness" in filing an adverse report to bills "before all the evidence had been presented," he said "we cannot allow this vital issue to be decided by a prejudiced committee." Thomas said labor, the Parent-Teacher Association, League of Women Voters and other organizations favored compulsory health insurance and that the members should not show political cowardice by refusing to get the bill on the floor where they could vote for or against it.

"Right of a Hearing"

Assemblyman A. F. Hawkins, Los Angeles, declared the question before the members was not that of compulsory health insurance but that the "issue is the right of a hearing" on the matter.

Assemblyman George D. Collins, Jr., San Francisco, also denied a full hearing had been granted on the issue, declaring "We are again asked to dodge the issue." He wanted the bill brought to the floor.

That chairman Fred Kraft had attempted to prevent questioning of witnesses by him at the San Diego and other hearings was charged by Assemblyman Jack Mason, Los Angeles. . . .

Assemblyman C. Don Field, Glendale, and Sam L. Collins, Fullerton, said a full hearing had been granted the proponents of both the C.I.O. and the Governor's bills. Collins said two months had been given over to the study. Pelletier had fixed the time at nine days and more than 50 hours, meaning the time the committee held hearings.

Dr. Sinai Attacked

One of the opponents, Chester Gannon, went completely afiel from the issue at hand to attack Dr. Nathan Sinai, who testified as an economist in medical research, for the Warren bill. Sinai, now a doctor of public health and a University of Michigan professor, was attacked by Gannon as "a horse doctor." . . .—*San Francisco Chronicle*, April 11.

ITEM XII

Two Health Bills Killed by Assembly

C.I.O., Warren Bills Defeated

Sacramento, April 10.—The compulsory health program sponsored by Governor Earl Warren apparently was doomed to defeat today when the Assembly, by a vote of 38 to 39, refused to withdraw Assembly Bill 800 from the committee on public health. This means that the bill will remain buried in committee, leaving the Senate—openly unfriendly to the compulsory medical program—as the only remaining hope.

Sacramento, April 10.—The Assembly killed the compulsory health insurance bill sponsored by the C.I.O. today and late this afternoon was moving for a final showdown on the prepaid medical care measure supported by Governor Earl Warren as one of the major items on his 1945 legislative program.

The administration bill, introduced by Assemblyman Albert C. Wollenberg and others, apparently entered the

fight in slightly better shape than the C.I.O. bill, sponsored by Assemblyman Vincent Thomas. Even Wollenberg, however, declined to predict victory in the impending parliamentary battle and the consensus was that he would fail.

End For Session

Defeat of the Wollenberg bill would dash any further hope of passage of compulsory health insurance legislation at this session. Senator Byrl Salsman, author of the companion administration bill in the upper house, already has indicated that he will not press his measure in the Senate if the Assembly bills fail.

Taken to Floor

In Los Angeles, meanwhile, supporters of compulsory health insurance were reported today to be preparing an initiative measure for submission in 1946. Petitions are now being drawn, it was reported here, under sponsorship of a group including the League of Women Voters, labor organizations and the Parent Teachers Association.

The test today was not on passage of the bills, but on motions to withdraw them from the assembly committee on public health, where a majority of seven members opposed to compulsory prepaid medical care had buried them.

Because of the committee's refusal to report out the bills, either with or without a recommendation, it was necessary to carry the fight to the floor of the Assembly on motions to withdraw from committee.

Two hours of debate preceded the vote on Thomas' motion to remove his bill from the unfriendly public health committee, which is headed by Assemblyman Fred Kraft, San Diego Republican.

The final roll call brought a vote of thirty-four "yes" and forty-two "no." Forty-two votes were required to pull it out of committee.

Those voting to bring the bill out of committee for debate on the floor included twenty-seven Democrats and seven Republicans; ten Democrats and thirty-two Republicans voted "no." Three members were absent and one declined to vote.

Lunch Hour Drive

The same procedure was followed in respect to the Wollenberg administration bill. After defeat of Thomas' motion, administration forces during the lunch hour conducted a whirlwind drive to pick up an additional seven votes, but with indications their best efforts would fall short. . . .—*San Francisco Examiner*, April 11.

ITEM XIII

Health Program

One Vote Stifles the Warren Bill; Fight to Go On

Sacramento, April 10.—Despite a serious rebuff by the Assembly, killing off a move to get a vote on compulsory health insurance by the entire membership of that body, Governor Warren tonight refused to concede final defeat of his program on that issue.

"It's a pretty hard blow to a great cause when the Assembly will not even let it be debated on the floor in the light of day," said Warren.

By a vote of 39 to 38, the Assembly defeated a motion by Assemblyman Albert C. Wollenberg, San Francisco, to bring Warren's bill out of the Public Health Committee for consideration by the Assembly.

"It is a rather sad commentary," said the Governor that the Compulsory Health Insurance bills, "cannot be brought out in the open and thoroughly debated on the floor of our legislative bodies but such is the power of the lobbies that have been against this legislation"

C.I.O. Bill Also Blocked

Before the Governor's bill was bottled up in the committee, the Assembly voted 42 to 34 against withdrawing from committee the Thomas C.I.O.-sponsored bill.

The Governor praised Wollenberg for "his spunk," saying, "I'll support him in any way." He said the fight in behalf of his bill was "against tremendous and powerful odds."

Wollenberg said he would not give up the fight to secure favorable consideration of his bill at this session.

Speaker Charles W. Lyon, one of those opposed to the legislation, said there was nothing to prevent Wollenberg from making another motion similar to that which proved unsuccessful today.

Asked how he felt about the Democratic support of his bill, the Governor replied: "I appreciate it."

Twenty-eight Democrats joined ten Republicans in the motion to withdraw the Governor's bill.

The G.O.P. Showing

Warren's only comment on the fact that only a few Republicans supported him was that he appreciated the help "of those who voted with us." The Republicans were Wollenberg, Burns, Carey, Fourt, Hollibaugh, Lyons, Maloney, Sheridan, Dickey and Waters. . . .

Democratic minority leader Alfred W. Robertson, who voted for the motions to bring the bills out of committee, said he felt the action today ended compulsory health insurance legislation for this session. . . .

Senator Byrl Salsman, Palo Alto, who has the Governor's bill in the Upper House, said he did not expect to make any further moves in view of the Assembly's action.

The final test today came on the Wollenberg motion to override the adverse action of the Public Health Committee.

Assemblyman Wollenberg presented arguments on why the measure should be voted on by the members. Assemblymen Gaffney, Doyle and others joined in the plea.

Only seven Republicans, Burns, Hollibaugh, Lyons, Maloney, Sheridan, Carey and Wollenberg voted with 27 Democrats in favor of Assemblyman Vincent Thomas' motion to bring his bill to the lower house for a vote. The Assembly committee chloroformed the compulsory health insurance bills last week.

The Absentees

Three Republicans and one Democrat were absent. Two of the Republicans were excused because of absence. One, Mrs. Kathryn Niehouse, only woman legislator, was excused because it was explained she was in San Francisco on business although today was known to be the day of decision on the health insurance issue.

One Democrat, John B. Pelletier, Los Angeles, sat mute during the roll call and did not record his vote. Once during debate on the withdrawal motion, Speaker Lyon cautioned Pelletier about his language. The Los Angeles man had denied with a "damn liar" retort statements that the Health Committee of which he was a member, had not given a full hearing on the bills. . . .—San Francisco *Chronicle*, April 11.

ITEM XIV

Legislators Clamp Lid on Health Bills

Move to Get Warren and C.I.O. Measures Into Open Balked

Sacramento, April 10.—The Assembly today apparently clamped the lid on compulsory health insurance legislation for this session when it voted to hold both Governor Warren's bill and the C.I.O.'s in committee.

On a motion to pull the C.I.O. bill out of committee

the vote was 34 ayes to 42 noes. Later in the day a motion to move Warren's bill out lost by a vote of 38 to 39. It required 41 votes to take a bill out of committee.

Party Lines Crossed

Party lines were crossed in the voting, on the C.I.O. bill 27 Democrats and seven Republicans voted aye. Voting no were 32 Republicans and 10 Democrats. In the vote on the Warren bill 28 Democrats and 10 Republicans voted aye and 29 Republicans and 10 Democrats voted no.

Last week the Public Health Committee voted seven to three against a motion to let the bills out of committee. Other bills on the subject are expected to remain in committee also.

Opinion of supporters of the C.I.O. bill generally is that the issue is dead for this session. In presenting the bill last January the C.I.O. said if it did not pass at this session the matter would be placed on the ballot. . . .—Los Angeles *Times*, April 11.

ITEM XV

Warren Charges Lobbies Beat Health Bills

Sacramento, April 11.—Compulsory health insurance bills were on the legislative scrapheap today as Governor Earl Warren blamed "tremendous and powerful influences" for blocking consideration by the entire Assembly.

He said he preferred not to name the lobbies opposing the measures. It was obvious he referred to the California Medical Association and its allies, including big business and farm groups, which led the attack.

While the Governor would not concede defeat most of his main supporters gave up the fight after the Assembly refused to withdraw his bill and a rival C.I.O. measure from its Public Health Committee to the floor for debate.

Friends said the greatest blow to Warren was the fact he was deserted by the majority of his own Republican party, and received the bulk of his backing from Democrats. Only ten Republicans voted for his bill, while twenty-nine were against it.

The Governor's keen disappointment was expressed at a news conference, where he assailed the Assembly action.

"This was a very severe blow," he said. "But I don't believe it's a lost cause just because we got knocked down."

"I am still hopeful the Legislature will do something about it before they adjourn."

"It's rather a sad commentary that the bills cannot be brought out into the open and thoroughly debated on the floor."

"But such is the power of the lobbies that have been against it." . . .—San Francisco *Call-Bulletin*, April 11.

ITEM XVI

Warren Hopes for 11th Hour Health Action

Charges Defeat So Far to Power of Medical Lobbyists

Sacramento, April 11.—Governor Warren today clung to hope for some kind of 11th hour favorable legislative action on his compulsory prepaid health insurance measure despite refusal of the Assembly to withdraw from committee for floor consideration either his bill or one backed by the California C.I.O. Council.

The Governor scheduled a meeting with Senator Byrl R. Salsman (R., Palo Alto), author of the Warren bill on the Senate side, to discuss possibilities of bringing the issue to vote in that House.

Governor Warren was lonely in his hope. Assemblyman Wollenberg (R., S. F.), who saw the Governor's proposal which he authored in the Assembly fall four votes short of victory in an intense session yesterday, was just about the only person among the 120 legislators who shared this hope. Senator Salsman was dubious but willing to try.

Assemblyman Vincent Thomas (D., San Pedro) author of the C.I.O. health insurance bill, said he had no plans for future action.

The Assembly first voted 42 to 34 against bringing the C.I.O. bill from the public health committee; then voted 39 to 38 against similarly withdrawing Governor Warren's bill. It required 41 votes to draw either to the floor.

The health committee voted 7 to 3 against recommending both bills after a majority of the members signed a report asking a two-year delay in insurance legislation while a new study is made.

"A pretty hard blow to a great cause" was how the unfavorable vote, which killed all possibility of future action in the Assembly, was characterized by Governor Warren at a press conference after the day-long Assembly contest. . . .

Lobbyists representing the doctors—principally Ben Read of the Public Health League of California; Dr. D. H. Murray, chairman of the California Medical Association legislative committee, and Attorney Howard Hassard—commented afterwards that they were by no means alone in the successful fight they had made against the bill.

They named as lobbies that had helped them kill the health insurance measures: the Chamber of Commerce, the insurance companies, agricultural and dairy interests, liquor interests, the merchants and manufacturers "and all representatives of business."

"The people don't want compulsory health insurance," they added.

"If you want to know who killed this bill," said Dr. Murray, "you should have been at the Los Angeles committee hearings and seen the business men come in to testify against it—all kinds of business men."

He pointed out that while the San Francisco delegation voted as a body in support of the health bills, "Los Angeles was split wide open, with pretty strong opposition from there." He cited the rural counties as another main source of opposition. Los Angeles business he credited with leadership in the fight.

The doctors' representatives said they expect the C.I.O. to prepare a measure for the ballot, seeking an initiative on health insurance, but as to their own plans for a counter measure on the same ballot, said simply, "It's one thought, but there is nothing definite planned."

Governor Warren, in discussing lobby influence on the measures, said he did not care to identify the groups which had been working against the bill. But he said it would be "interesting to see" what the California Medical Association will do with their bill to promote voluntary health insurance. Author of this measure is Assemblyman Sam Collins (R., Fullerton).

How They Voted

Here is how the Assembly voted on the motion to withdraw Governor Warren's bill from committee:

FAVORING: Republicans—Burns, Carey, Dickey, Fourt, Hollibaugh, Lyons, Maloney, Sheridan, Waters, Wollenberg; Democrats—Anderson, Beal, Beck, Bennett, Berry, Brady, Brown, Burkhalter, Collins, Degs, Dekker, Dills, Doyle, Dunn, Emlay, Flecher, Gaffney, Haggerty, Hawkins, Kilpatrick, Lowery, Massion, McMillan, O'Day, Pelletier, Robertson, Rosenthal, Thomas.

OPPOSED: Republicans—Boyd, Burke, Butters, Call, Clarke, Sam L. Collins, Davis, Denny, Erwin, Field, Gannon, Geddes, Johnson, Knight, Kraft, Leonard, McCollis-

ter, Miller, Price, Sherwin, Stephenson, Stewart, Stream, Thompson, Thurman, Watson, Weber, Werdel, Charles W. Lyon; Democrats—Allen, Crichton, Crowley, Clayton Dills, Evans, Guthries, Heisinger, King, Middough, Sawallisch.

ABSENT—Republicans—Armstrong, Niehouse and Thorp.

Three Republican Assemblymen who voted for the Governor's bill—Dickey, Fourt and Waters—earlier voted against the C.I.O. measure. Assemblyman John Pelletier (D., L. A.), a member of the health committee, failed to vote on the C.I.O. measure but voted for Governor Warren's bill.

Got a Full Vote

Anyone watching yesterday's activities from the gallery might have chalked up this key event as a relatively passive, unexciting day. For each bill, after introductory discussion by authors, and questions from a scattering of assemblymen, a "call of the House" was put on, doors were locked, and absentees hunted up to get a full vote on the measures.

During this waiting period each time the authors "worked the floor," as the effort to win-over fence-sitters is called. Armed with a rollcall, or list of all assemblymen, they went from desk to desk to argue with those who might be won over. It was a small and unproductive list. Most men knew before they started the day's session, whether they would vote to bring the health measures out for Assembly consideration or leave them buried in committee. When the authors were satisfied they had done all the persuading possible, they asked the call of the House to be lifted, and the vote recorded.—San Francisco News, April 11.

ITEM XVII

Parley on Health Plan

Sacramento, April 13.—A new attempt to enact some kind of a compulsory health insurance bill, despite its apparent defeat in the Assembly this week, was planned today after a conference between Governor Warren, legislators and interested citizens.

Senators Byrl Salsman and John F. Shelley said it was decided to try to work out compromise amendments to the Governor's bill in the Assembly.—San Francisco Call-Bulletin, April 13.

ITEM XVIII

Health Bill to Be Revived

Plans to Merge Measures Made at Meeting With Governor Warren

Sacramento, April 13.—Supporters of compulsory health insurance today were preparing for an immediate Statewide drive to revive the issue in the legislature, where it was at least temporarily buried last week by refusal of the Assembly to vote the two principal bills out of the Public Health Committee.

At a meeting with Governor Earl Warren, who made enactment of a compulsory prepaid medical and hospital care bill one of the major items in his legislative program, it was decided to weld the administration and the C.I.O. bill into a single measure in an effort to unify support which hitherto has been divided. A concerted Statewide pressure drive is planned to win support for the measure.

Backers Meet

Participating in the meeting were representatives of the Parent Teachers Association, California League of Women Voters, State Federation of Labor, Congress of Industrial Organizations, Assemblyman Albert C. Wollenberg, San Francisco, chief author of the administra-

tion sponsored bill; Assemblyman Vincent Thomas, chief author of the C.I.O. bill, and Senator Byrl Salsman, who is handling the administration bill in the Senate. . . .—San Francisco *Examiner*, April 14.

ITEM XIX

State Health Insurance

There's Talk in Sacramento of Trying to Work Out Some Sort of a Compromise Bill

Sacramento, April 15.—Suggestions for a more modified form of compulsory health insurance than provided in pending bills were heard here today as the Legislature prepared to meet tomorrow.

Moves to revive the compulsory health insurance issue were started last week when representatives of the Parent-Teachers Associations, League of Women Voters, the A.F.L., C.I.O. and those legislators sponsoring strong compulsory health insurance measures met with Governor Warren.

Proponents Confer

In the next few days Assemblyman Albert C. Wollenberg of San Francisco, who is handling the Governor's bill in the lower house, will call a meeting of the bill's proponents to settle on a bill satisfactory to all.

Meantime, talk has started that it might be possible to secure support for some type of compulsory health insurance which would have a more modest beginning than contemplated in either Governor Warren's bill or the C.I.O. measure.

One of the big arguments used against compulsory health insurance has been that the contemplated 3 per cent payroll tax would not be sufficient to finance the program.

An argument is that health insurance costs may be uncertain and it would be better to start on a less complete program than outlined in bills chloroformed in the Assembly Public Health Committee.

Supporters of both bills contend the programs can be adequately financed through the 3 per cent payroll taxes and that the cost bugaboo is a smoke screen put up by those opposed to compulsory health insurance.

Coauthors of both bills believe they can sit down and iron out differences and bring forth a bill satisfactory to all backers.

But whether they would be able to round up sufficient new support to bring their bill to the Assembly floor is a moot point. A more modified proposal might bring extra legislative help.—San Francisco *Chronicle*, April 16.

ITEM XX

Legislature Bugged Down

Eighth Week Starts Tomorrow, and All Major Issues Are Still to Be Settled

Sacramento, April 21.—The Legislature begins the eighth week of the current half of the regular session Monday with none of the major issues settled.

Unless some agreement can be reached which will attract support to a compulsory health insurance act from some of those who joined to block a vote by the entire Assembly on pending insurance bills, that issue has little chance of resulting in other than a further study by one of those traveling interim committees. . . .

Governor Warren's proposed reorganization of the State Department of Industrial relations is due for another hearing before the Assembly Industrial Relations Committee. The committee failed to meet last week and its scheduled discussion of the Lyons bill was put over until Thursday night.—San Francisco *Chronicle*, April 22.

ITEM XXI

Compulsory Health Insurance Bill Will Be Revived

CALIFORNIA STATE CHAMBER OF COMMERCE
350 Bush Street, San Francisco 4, California
April 16, 1945

According to newspaper notices, a concerted drive is planned by the State Administration, the California Congress of Parents and Teachers, California League of Women Voters, California State Federation of Labor, and the C.I.O. in an effort to win support for compulsory health insurance legislation.

The California State Chamber of Commerce, Agriculture and Industry, is opposed to all compulsory health insurance bills introduced in this session of the Legislature and favors the appointment of a commission to study the problem fully and completely.

It is *imperative that you* let your Senator and Assemblyman know what your opinion is on this matter. *Write them today.*

(Signed) CALIFORNIA STATE CHAMBER OF COMMERCE.

ITEM XXII

Letter of Assemblyman Ralph C. Dills of Compton, Los Angeles County, to Members of His Democratic Assembly Committee Regarding His Vote on Compulsory Health Insurance

(COPY)

Dear Mr. Committeeman:

You have asked why I voted in opposition to the two Compulsory Health Measures when they came up for vote before the Assembly last week.

First, let me assure you that I'm happy to make an explanation.

It shows a close relation between the legislator and the voters of our district and it indicates an alert interest in Sacramento affairs.

That being the case, it means we can discuss these vital matters openly and honestly.

At the outset, let me say I am not opposed to the theory of making medical facilities available to more and more people at the most reasonable rates possible. It is but a milestone in democratic advancement.

However, I am far from convinced that the *compulsory* plans offered the Assembly and defeated by the members are the *best* plans.

Parenthetically, let me say that the authors of the measures themselves were afflicted by this confusion because the bills were being amended with lengthy changes almost right up to the moment the matter came up for final discussion.

There has been a great deal of misunderstanding as to whether or not the bills had a proper hearing.

A recitation of the details should clear that point:

The measures were introduced in the January session of the Legislature at which time the Health Committee was authorized to hold hearings throughout the State on the merits and demerits of the proposals.

During the month of January lengthy hearings were held in San Diego, Los Angeles, Fresno and San Francisco.

When the Legislature re-convened in March further committee meetings were held in Sacramento. And, finally, the entire subject of Compulsory Health Insurance was discussed before ALL the members of the Assembly when we resolved ourselves into a Committee-of-the-Whole for a full day's discussion.

The committee, after listening to all this testimony, reported negatively on the measure.

The proponents, though in the minority, attempted to bring the bill from committee for further discussion.

Further discussion, to me seemed utterly superfluous at this time since we had ALL heard ALL the arguments.

As a result, I voted with the majority against both bills.

I am certain you and the other County Central Committee members will have a clearer understanding of the history of the legislation from my explanation of the thoroughness which surrounded the discussion and the final futility of the opponents' attempts at passage.

As for some of my reasons for voting against these particular measures:

Letters, postcards and wires sent me from the voters of our district indicated an almost ten-to-one OPPOSITION!

These communications pointed out that now was hardly the proper time to enforce ANYTHING of a compulsory nature; that more than 800,000 men and women in the Armed Forces were out of the State and were being given no voice in the proposed legislation.

The American Legion and the Veterans of Foreign Wars claimed that returning war veterans would need none of the services being proffered, yet they would have to pay a part of the costs.

Employees from all lines of endeavor wrote they could not afford an additional payroll deduction of one and one-half per cent from the gross amount of their salary checks.

Likewise, many small merchants besieged me to oppose the bills because, being called upon to match the deductions made from their employees, the additional levy was likely to bankrupt many of them.

We must bear in mind that both employer and employee were to be taxed one and one-half per cent of their salaries up to \$4,000 per year.

In ordinary times we might say:

"Well, why worry about the small business man? He simply passes his costs on to the consumer."

Let me point out first that WE are the consumers and WE would, in the last analysis, be called upon to bear the entire costs.

OPA, for the time being, becomes a factor in any proposed compulsory taxation.

With ceilings on most products, the employer; the small merchant, the grocer, the butcher or the baker, would have difficulty in finding a way to pass this charge on to the consumers.

The result would be that he would have to operate under existing ceilings and would be unable to boost prices to take into consideration the increased costs of doing business.

In many instances this increase in his costs could conceivably be the difference between profit and loss; between a successful or a bankrupt neighborhood store.

I have never considered any legislation good which legislates *small business out of business!!*

There were other factors too:

What of the danger of setting up a monopoly for one branch of the healing arts? Chiropractors and others were not included in either of the acts.

What of the danger of creating another tremendous bureaucracy of incompetents with a consequent deterioration in the quality of services rendered?

What of the ultimate costs?

The testimony we heard on costs was of a most conflicting nature. The proponents argued that the three per cent; one and one-half from the employer, one and one-half per cent from the employee, would be sufficient to pay the costs.

The Legislative Auditor *hired* by the Legislature and responsible *only* to the members of the Legislature estimated that the costs might run to \$100,000,000.00 more than the figure held to by the proponents.

Keep in mind the Legislative Auditor is responsible *only* to the members of the Legislature. He holds his position only so long as he honestly advises after careful, painstaking study and research into the State's finances.

Being a recognized expert in his field, I have learned to place considerable value upon his judgment.

I reasoned that I could not in good conscience vote for a measure which not only called for additional payroll deductions but might also mean an additional levy of \$100,000,000 or more upon the taxpayers of the State.

Rounding up this report, let me say I would not be giving you the complete picture unless I touched upon the *political phases* of the matter as well as the financial dangers.

The health move, for the most part, was publicized as a great social reform attempt on the part of Republican Governor Warren. (The "Nonpartisan" days are *definitely* over and the sooner *all* Democrats realize it the better off the Party will be!)

What the average voter does not take into consideration is the fact that the Administration—the *Republican* Administration, would have been given what amounts to Hitleristic control of medicine in California. The Republican Governor, rest assured, looking to build the tottering fences in *his* Party, would appoint Republicans to run this giant new State service.

Warren would have had the power, in one of the acts, to set up the effective date of its inauguration.

Conceivably, he might use it as one of his main campaign arguments for re-election. And, with a lot of *new* bureaucrats, *newly* placed on the State's payroll, you can be assured he would be automatically handed a huge *new* group of campaign workers—workers anxious to bring about a Republican success and with it bring about permanency to their *new* political jobs.

In conclusion, let me again emphasize:

I am certainly *not* opposed to any workable measure which will bring better health at lower costs to "Mr. Average Citizen."

A *workable* plan, I feel certain, can and should be devised.

In my opinion, it need not be compulsory. It should give the person paying the bill the right to choose his own type of service and his own choice as to doctors.

The cost should be known—exactly!

I will work and assist in every possible way to bring about such legislation.

However, the legislation I voted *against* was not my idea of *good* legislation for the reasons I have set forth.

May I thank you again for your inquiry on this particular subject.

I hope it will be my pleasure to hear from you again on any other matters of interest to the fine people of our district.

Respectfully yours,

(Signed) CLAYTON A. DILLS,
Assemblyman 67th District.

ITEM XXIII

Compulsory Sickness Insurance in Russia, Germany and Austria

The following letter has been received from a member of the San Francisco County Medical Society:

To the Editor.—Sir—Inasmuch as the question of compulsory health insurance is an extremely live issue,

it occurred to me that you might like to have some data which I have accumulated.

If I could furnish you with the slightest evidence that any one of the systems of compulsory health insurance in force in many European countries either raised the level of health of their people or acted as a means of preventing illness, I would urge you to vote in favor of Governor Warren's "California Prepaid Health Service Act" otherwise known as AB 800. This bill provides for compulsory health insurance for all people earning up to \$4,000 per annum.

I would go even further. If it could be shown that any system of health insurance, either compulsory or voluntary, would reduce the number of "absent sick days" in industry or would lower the percentage of draft rejections due to physical and mental defects, I would be for Governor Warren's bill 100 per cent.

The fact is—there is no evidence to support the contention that health insurance does any of these things.

I have visited Soviet Russia on three different occasions and have lived a total of two and one-half years in Austria and Germany. I have never heard either the proponents or beneficiaries of health insurance in these countries make any such claims. Their principle argument in favor of health insurance in their own countries is that it better distributes the cost of illness. It is true that it was after the institution of new public health systems that there occurred a rise in health levels in these countries. It is also true that compulsory health insurance was incorporated into them too. But many other factors were also incorporated into these new systems—health education, better distribution of doctors and clinics, improved modern methods of medicine and public health. These were the factors which the advocates of Russia's and Vienna's systems depended upon to raise the health level. No one of these advocates, so far as I can learn, expected the factor of compulsory health insurance to raise the health level; instead, it was introduced for another purpose—for the purpose of distributing the cost of medical care.

Soviet Russia inherited some stupendous health problems from the old régime. Her infant mortality rate was 35 per hundred in 1913—the highest of any civilized country in the world. This compared with Norway's 6.5 per cent in the same year. Her general death rate was 27.2 per thousand—for all of Russia—likewise the highest of any civilized country in the world. She had only 12,500 doctors or one to every 12,000 people. They were badly distributed so that there was only one doctor to every 20,000 peasants. Her population suffered enormously each year from widespread epidemics of typhus, smallpox, diphtheria, venereal disease and trachoma. Czarist Russia came first in the world for the number of blind persons because of trachoma. These were some of the dramatic highlights in the health and sanitary situation at the time when Soviet Russia instituted her system of compulsory health insurance.

It must be kept in mind, when considering this compulsory plan of Governor Warren's, that we have no such health problems to solve in California. We have the lowest infant and general mortality rate in history. We have no epidemics. We have a fine group of well trained physicians. We do have a medical cost distribution problem to solve. The California physicians have set up the California Physicians' Service for the purpose of solving this particular cost distribution problem. This plan is voluntary, nonprofit and nonpolitically controlled.

As I see it, the distribution of medical cost is the only problem which we can hope to solve by any system of health insurance. We already have a voluntary plan in

operation. I say get behind this plan rather than set up a plan that may be fraught with many evils impossible to foresee and which is bound to be expensive.

Sincerely,

RALPH REYNOLDS, M.D.

ITEM XXIV

Report on Health Insurance Bills

In its report on the health insurance bills, the Assembly Committee on Public Health reaches sound conclusions in existing circumstances. Anyone who tried to appraise the various bills on this subject before the Legislature and to reconcile the conflicting assertions of their proponents and opponents would find it difficult to disagree with the committee's finding that not enough study has been given to the broad subject of health insurance.

While recommending that action on any prepaid plan be deferred, the committee report leaves open the question of assistance to voluntary prepaid medical care organizations to enable them to extend their coverage "to substantially all of our citizens."

It recommends an interim committee to make a thorough study of the subject and report at the earliest possible date.

If the Legislature can evolve some plan to further the voluntary movement it might prove constructive. Every effort should be made to accomplish the desired objectives on a voluntary basis before resort to compulsory methods. In this connection it is noteworthy that in Winnebago County, Illinois, under a voluntary medical care plan combined with a Blue Cross hospitalization plan, larger benefits are offered than those proposed in the compulsory bills before the Legislature and with premiums averaging much less than a 3 per cent pay roll tax.

With respect to the proposals to finance the compulsory plans by added pay roll taxation, it might be pertinent to consider the tax target that is being made out of pay rolls for existing and proposed social benefits which threaten to increase to 20 or 25 per cent the tax deductions from pay checks.

Even with provision that a compulsory health insurance pay roll tax measure would not be placed in effect during the war, the uncertainties surrounding the coming reconversion period in California do not make this a good time to launch such an experiment. Such a measure with its far-reaching social and economic implications should be subjected to thorough study before the Legislature attempts to pass on it.

Meantime the medical profession has an opportunity to exert more leadership and progressiveness than has marked it in the past in helping to solve this complex problem. Particularly in the field of health education, the doctors can and should exert a greater community influence in formulating community health programs designed to instruct people how to preserve health and to acquaint them with facilities available to them in case of illness. Progressive communities already have such programs functioning in conjunction with progressive employers.—Los Angeles Times, April 5.

ITEM XXV

Should We Have Government Health Insurance?

As debated before the American Economic Foundation by

HON. ANDREW J. BIEMILLER

*Congressman, Fifth District, Wisconsin,
Member Committee on Naval Affairs*

and

LOUIS HOPEWELL BAUER, M.D.

*Member, Bureau of Health Education,
American Medical Association*

Congressman Biemiller opens: Today the nation has accepted the general principle of social security. We have recognized most people cannot provide, through personal savings, for long periods without income because of unemployment or old age.

Social security, based on the insurance principle of spreading risk, helps people keep going in time of catastrophe. If the social security principle is sound for unemployment and old age, it is doubly sound in time of sickness. For then the person must provide not only for regular living expenses, but medical costs.

If the head of a family faces a severe illness with doctor and hospital bills, his savings and credit are soon exhausted, his family reduced from self-respecting independence to dependent poverty. This is harmful to the family and community.

Our next step must be to extend social security legislation to include sickness benefits—cash compensation for unemployment due to illness—and medical benefits. While the medical profession makes breath-taking daily advances in science, that science is not available to all because they cannot pay for what they need. The appalling physical condition of our young men, revealed by the very high rate of draft rejections, indicates this.

A health insurance scheme providing medical benefits would bring doctor and patient together by removing the money barrier. Such a plan can and must insure the patient's free choice of doctor, protect the relationship between patient and doctor and in no respect jeopardize the magnificent progress of medical science.

Dr. Bauer challenges: Congressman Biemiller argues for better distribution of medical care, not for government health insurance. The draft statistics are not appalling when analyzed. Of approximately 4,000,000 rejections, 800,000 were for illiteracy.

Nearly as many were for neuropsychiatric defects which would not have been prevented by more medical care. Some eyesight and structural defects might have been prevented by health education, not by medical care. Not over 400,000 could be rehabilitated and many of these refused.

All government systems make some restriction on choice of physician. All interfere in the doctor-patient relationship by interposing a third party. All jeopardize progress by regimentation and encouragement of poor work.

Congressman Biemiller replies: Choice of physician can be secured under a health insurance system if the medical profession cooperates. It cannot if many physicians refuse to come in. In any case, choice of physician is less important than access to physician when needed; many people do not have that today.

The doctor-patient relationship is more effectively sabotaged today by financial worry on both sides than it would be by a government guarantee of payment. Such standardization as would tend to raise levels is desirable; degree and kinds of standardization should, of course, be decided by a board of doctors under health insurance.

Dr. Bauer opens: Diagnosis and catastrophic illness make medical care expensive. This problem can be met by providing voluntary prepayment hospital and medical care insurance. Voluntary insurance provides cash for those with moderate incomes—medical service for those with low incomes.

The indigent class may be cared for by having the government purchase voluntary insurance. Then, the patient may choose his physician and the physician is responsible to him—not a bureaucrat. Preventive medicine may be obtained by adequate health services and laboratories provided by the local community or if the local community cannot afford it, by state or federal subsidies.

Government health insurance gives quantity, not quality in medical care. It is inordinately expensive, financed by a payroll tax. It has nowhere given as satisfactory a health record as the American system based on free enterprise. Preventable diseases increase. Malingering is encouraged. Working days lost increase instead of decrease.

A third party—the government—is interposed between doctor and patient—the doctor is responsible to that third party. Often, the patient may not choose his physician. Even where free choice is provided, it is limited because the better doctors refuse to take part.

Poor medical care is engendered; mass medicine results; diagnostic procedures are not encouraged; the government interferes with prescribing, dictates the number of visits a doctor may make; the number of patients he may have. The doctor is no longer a family counselor. A tremendous bureaucracy develops with accompanying red tape and inefficiency.

Congressman Biemiller challenges: Experience showed voluntary plans failed to meet economic needs in providing for old age and unemployment and federal action was necessary. Federal health insurance is essential for exactly the same reasons.

Health insurance plans were introduced in Europe half a century ago to meet a desperate need. Since then they have been continually bettered. European doctors never asked for the abolition of plans. They suggested improvements. We can learn much from their experience and suggestions.

When American doctors approach the problem in the same spirit and devote the energy now spent fighting health insurance, we shall have the finest possible medical care for all our people.

Dr. Bauer replies: Voluntary health plans are rapidly growing. There is no evidence that, given time, they will not meet the need.

Government health insurance plans were introduced originally by Bismarck for a purely political purpose and not to meet a desperate need. Conditions have grown from bad to worse. The best plans in Europe are voluntary.

American doctors are planning widespread hospital and diagnostic facilities, and the insurance plans already mentioned. They will never submit to the regimentation of a government bureaucracy with its resulting poor grade of medical care.

Our present system should be improved by sound evolutionary methods and not discarded for an unsatisfactory revolutionary scheme.—*Sacramento Union*, April 8.

ITEM XXVI

Trends in Labor Movement

Washington.—Without prejudice and just for the fun of it, there are here set down a number of recently observable trends in what is known as "the labor movement," so that he who reads may also run his finger down the list and make his own conclusions on where this labor movement might be headed:

Union membership is now close to 14,000,000, or

roughly one out of every four persons in the labor force, one out of 300 industrial or nonfarm workers.

There are five principal groups within the movement, A. F. of L., C.I.O., Railway Brotherhoods, John L. Lewis' United Mine Workers, and the Independents. Though these groups get together in various combinations for specific purposes, general unification of the labor movement in a common front seems to be making no progress whatever. A postwar economic setback might provide impetus for bringing them closer. In the meantime, lack of organic unity provides comfort and strength for other elements of the population which may have cause to fear the growing power of organized labor.

The need for a Department of Labor to serve as labor's spokesman in the halls of government has ceased to exist. Organized labor itself is interested and active in every phase of government activity. The labor lobbies are as powerful as any pressure groups ever established in Washington by industrial groups.

Both A. F. of L. and C.I.O., and the Railway Brotherhoods to a lesser degree, have completed legislative programs. U.M.W. goes after the things that affect the coal industry, but the other three have interests as broad as the national economy, covering education, taxes, racial discrimination, appropriations.

Practically no proposal comes up in Congress, practically no order is issued by an executive agency without drawing some comment of endorsement or disapproval from A. F. of L. President Bill Green or C.I.O. President Phil Murray.

Union officials sit on many war agency advisory groups. Union representatives sit on the National War Labor Board, passing judgment on its own controversies, though not always winning majority decisions to labor's liking.

The federal government has become so thoroughly saturated with the organized labor point of view that anti-labor forces have in many instances turned to the state legislatures to enact curbs on labor activities. In turn, the labor organizations are showing a greater interest in State and local government.

Activities of the C.I.O. Political Action Committee are well-known to everyone who showed any interest at all in the last national elections. While openly opposed by leaders of the other big labor groups, the P.A.C. program was unquestionably followed by many rank and file members of those other groups.

Many labor policy decisions on both international and national affairs are made by labor leaders and executive committees before reference to union membership. This had led to charges of dictatorship of the rank and file by its hierarchy. If such dictatorship exists, it can be viewed as a healthy thing in attempts to enforce such decisions as the "no-strike pledge." It can be viewed with alarm if it suppresses the freedom of thought or action of the rank and file.

Among the debatable major objectives of the labor movement these trends are worth watching:

Postwar full employment and increased social security. More and better public housing. Broader public health measures, including health insurance, hospitalization and even socialized medicine. Royalties on production to provide worker benefits.

Increased minimum wage and guaranteed annual wage. More maintenance of membership and closed shop agreements. Elimination of geographic wage differentials, leading to more national bargaining on an industry basis. Organization of foremen and supervisors. More labor-management cooperation in war production, perhaps leading to greater labor participation in management.

Add it all up and what have you?—Peter Edson, NEA Staff Correspondent, in *Merced Sun-Star*, March 29.

ITEM XXVII

Senator Fletcher Seeks State Vote on Health Bills *Fletcher Urges Referendum; Warren Backs Own Plan*

Sacramento, April 19.—The legislative controversy over compulsory health insurance moved back into the spotlight today with four developments topped off by Senator Ed Fletcher's announcement he will seek to have the issue decided by California voters at the next general election.

Declaring there "is now very little possibility of compulsory health insurance legislation being passed this session," the San Diego Senator said he will press for passage of a constitutional amendment declaring it to be the State policy to create a "prepaid health service system," and "directing and authorizing" the legislature to enact the necessary legislation.

"I feel it is presumptuous for us to try to pass compulsory health insurance legislation when over half of our physicians, so vitally interested in the matter, are now serving their country outside the State," Fletcher said.

"In addition, approximately a million of our citizens are absent while serving in the armed forces. They have, and should have a right to a voice in this matter."

While Fletcher was making this announcement, Governor Warren disclosed the administration has not abandoned its campaign for health insurance, despite a succession of legislative reverses. A conference with legislative leaders and representatives of various organizations supporting the program, Warren said, resulted in the "conclusion that the effort to solve the problem should not be abandoned for this session."

To Seek Means

Conferees, he said, will "try to find ways and means to put through something to accomplish the desired purpose."

A meeting of the Senate social welfare committee meantime brought another development which may have a bearing on the health insurance picture. Senator John F. Shelley of San Francisco announced he may move either next Wednesday, or a week later, to bring his "disability insurance" bill to the Senate floor for consideration. No effort has been made thus far to move the measure from committee, presumably because of uncertainty over outcome of the health-insurance fight.

The sick benefit plan, in operation in Rhode Island, would set aside all employee unemployment insurance contributions in a "disability insurance fund." Benefits would be paid from this fund to persons otherwise covered by jobless insurance, but ineligible for this insurance because of illness or other injury.

Although its sponsors have given no indication whether they intend to seek action, an additional possibility lies in a Senate concurrent resolution calling for a joint committee on health insurance to obtain all the facts on the issue and report to the next regular session of the legislature. The committee would be composed of three members of the Senate and three Assemblymen, who would receive a \$100,000 appropriation for expenses of the inquiry.—*San Francisco Examiner*, April 20.

(COPY)

SENATE CONSTITUTIONAL AMENDMENT

No. 15

Introduced by Senator Fletcher

March 28, 1945

Referred to Committee on Public Health and Safety

Senate Constitutional Amendment No. 15—A resolution to propose to the people of the State of California

an amendment to the Constitution of the State by adding Section 27 to Article XX thereof, relating to a Prepaid Health Service System for the people.

WHEREAS, The policy for creating and providing for a Prepaid Health Service System for the people of the State, upon a compulsory basis, has not since 1918 (when a similar policy was submitted and rejected) been presented to the people for their consideration and adoption or rejection, and it is highly desirable that their mandate and instructions be sought and obtained before the Legislature assumes the prerogative of embarking the State upon such an important undertaking; now, therefore, be it

Resolved by the Senate, the Assembly concurring. That the Legislature of the State of California at its Fifty-sixth Regular Session commencing on the eighth day of January, 1945, two-thirds of the members elected to each of the two houses of the Legislature voting therefor, hereby proposes that the Constitution of the State be amended by adding Section 27 to Article XX thereof, to read:

Sec. 27. It is the policy of the State that a Prepaid Health Service System for the people be created and maintained. The Legislature is authorized and directed to provide therefor by law in any manner not expressly prohibited by the provisions of this Constitution.

ITEM XXVIII

Health Insurance

Editor--In the Safety Valve, April 23, is a letter from Emma Jane Hicks of Berkeley, pointing out that the United States is one of few countries having no government supported health insurance, and expressing the hope that the State of California may lead the way in establishing such a project "if only its legislators will realize what it will mean to the people."

Fortunately, there are in our community many doctors who have lived and worked in countries having state-dominated health insurance programs. It is to be hoped that our legislators will avail themselves of the opportunity to secure from these men definite and specific factual information regarding the steady deterioration of medical care secured by the people under these programs. If our legislators do indeed realize what it will mean to the people, they will take good care to see that no such blight comes upon us.

HOBART ROGERS, Oakland.

—Letter taken from "Safety Valve" column of San Francisco *Chronicle*, April 27.

ITEM XXIX

Joint Health Bill Due Soon

Sacramento, April 26.—The next move in Governor Warren's recommendation for State tax cuts is up to the Senate. . . .

According to Assemblyman, Vincent Thomas, San Pedro, a joint compulsory health insurance bill probably will be presented soon. It would embody features taken from both Governor Warren's bill and that of the C.I.O. which Thomas authored.

The original bills were chloroformed by the Assembly Public Health Committee some time ago and an effort to bring them to the floor for a vote of the entire membership of the lower house failed.

The new bill probably will bear the name of Assemblyman Albert C. Wollenberg, San Francisco, Thomas and others. . . .—San Francisco *Chronicle*, April 27.

ITEM XXX

Assembly to Get New Health Insurance Bill Next Week

Sacramento, April 26.—A new compulsory health insurance bill, embracing major features of the separate plans proposed by Governor Earl Warren and the C.I.O., and including chiropractors for the first time, probably will be introduced in the assembly next week, it was learned today.

William T. Sweigert, Warren's executive secretary; Paul Pinsky, C.I.O. legislative representative, and others were reported putting finishing touches on the draft.

The original bills embodying the separate health insurance plans have been pigeon-holed by the lower house Public Health Committee and the Assembly has refused to withdraw them for debate on the floor.

With the administration, C.I.O., A.F.L., P.T.A., and other groups joining hands in favor of one piece of legislation, proponents of compulsory insurance anticipate that while the Public Health Committee probably will pigeon-hole the new measure also, they will have more of a chance to pull the bill out of committee through vote of the Assembly.—San Francisco *Examiner*, April 27.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

On G.I. Bill of Rights—In Relation to Postwar Medical Courses for Military Colleagues

Letter from National Committee on Postwar Medical Service to Governor Earl Warren of California:

(COPY)

COMMITTEE ON POSTWAR MEDICAL SERVICE
535 North Dearborn Street

Chicago 10, Illinois, April 17, 1945.

The Honorable Earl Warren

Governor of California

Sacramento, California

Dear Governor Warren:

The undersigned Committee on Postwar Medical Service, composed of representatives from the several organizations mentioned, was created two years ago for the purpose of giving consideration to many medical problems which will arise as a result of the war and the demobilization which will follow.

Of particular interest to the Committee at the moment are the provisions of Public Law 346, 78th Congress (The G. I. Bill of Rights) as they may affect the entire field of medical education.

The Governor of each State, as you doubtless are aware, is vested with the power and duty of certifying to the Veterans' Administration the institutions in his State which are qualified to give acceptable courses of education and training in each of many categories.

The field of medical education, in its broadest sense, embraces (a) premedical education, (b) undergraduate education, (c) postgraduate education, (d) nursing education, and (e) the education of medical technicians. There have been developed high standards of premedical education as well as undergraduate medical education. Medical schools are classified according to these standards. Similarly, there are well recognized standards in dental education and in nursing education. There should be little difficulty, therefore, in reaching decisions concerning institutions giving instruction in these fields.

This is true to a lesser extent with respect to the

postgraduate education and training doctors receive in hospitals and with respect to schools for the education and training of medical technicians. It is true that many hospitals have been approved for intern and resident training and for the training of medical technicians in some fields. This approval is based on the number of beds and other facilities available in a hospital for teaching and the type of educational program carried on by the staff of the institution.

The importance of maintaining educational standards which are commensurate with the progress that has been made in the fields of medicine, dentistry and nursing must be obvious to you. The maintenance of these standards is in the public interest because they determine the quality of medical, dental and nursing care the public will receive.

It seems appropriate to suggest to you that certain schools which have thus far failed to secure approval will make effort to participate in the tuition payments under the G. I. Bill of Rights by having their names placed on the list of approved institutions which the Governor will send to the Administrator of Veterans' Affairs. Such schools may be schools of the medical cults. These should be approved only after they thoroughly establish their ability to give a creditable course in the several subjects embraced in the basic sciences which are mentioned in the basic science laws in effect in most states.

The Committee on Postwar Medical Service is keenly aware of the difficulties which will face the Governor in the administration of this Act. We are aware, also, of the pressure which will be brought to bear on you to obtain your approval of institutions which are not qualified and equipped to give acceptable courses of education and training in these several fields.

The Committee, therefore, begs leave to recommend that the Governor appoint an advisory committee composed of persons qualified to advise him with respect to the quality of education and training given by institutions in his State in the fields of medicine, dentistry, nursing and medical technology, which includes x-ray technicians as well as laboratory technicians.

The Committee wishes to assure the Governor that the facilities and information in the hands of the Committee on Postwar Medical Service are available to him for whatever purpose he may wish to use them, and that we shall be glad to coöperate with him to whatever extent he may wish in the solution of these difficult problems.

Very respectfully yours,

COMMITTEE ON POSTWAR MEDICAL SERVICE

Ernest E. Irons, M.D., *Chairman*

H. H. Shoulders, M.D., *Secretary*

Irvin Abell, M.D.	E. L. Henderson, M.D.
Arthur W. Allen, M.D.	W. W. Herrick, M.D.
Walter L. Bierring, M.D.	Victor Johnson, M.D.
Francis G. Blake, M.D.	B. R. Kirklin, M.D.
Capt. E. L. Bortz, (MC)	Lt. Col. H. C. Lueth
USNR	James M. Mason, M.D.
Francis F. Borzell, M.D.	Col. Hugo Mella
C. Willard Camalier, D.D.S.	James E. Paullin, M.D.
Frederick A. Collier, M.D.	George Morris Piersol, M.D.
Mr. Graham L. Davis	Col. George M. Powell
Harold S. Diehl, M.D.	Brig. Gen. Fred W. Rankin
Warren F. Draper, M.D.	Rev. A. M. Schwitalla, S.J.
Capt. W. E. Eaton, (MC)	Leroy H. Sloan, M.D.
USN	Mr. Barry C. Smith
Morris Fishbein, M.D.	Miss Mary Switzer
Lt. Col. G. R. Gessner	Olin West, M.D.
Evarts A. Graham, M.D.	R. C. Williams, M.D.
Fred C. Zapffe, M.D.	

Casualties in March on Rhine, 47,023

Washington, April 19 (AP)—The battle for the Rhine and crossing of the river in March cost U.S. Army ground forces 47,023 casualties, Secretary of War Stimson reported today.

This total was larger than in February, when there were 34,468 losses, Stimson pointed out that it was smaller than for any month since October.

The March casualty figure included 6,214 killed, 35,448 wounded and 5,366 missing.

473,215 Since D-Day

Since D-Day last June, Stimson disclosed, American ground casualties on the Western Front totaled 473,215 up to the end of March.

At the same time, Stimson disclosed that Army casualties in all theaters reached 813,870 on the basis of names compiled in Washington through April 7. Added to the Navy's losses of 98,608, this put aggregate casualties since Pearl Harbor at 912,478, an increase of 13,088 since last week's report.

Stimson said that while current casualties on the Western Front are not yet available, they are "not high." In contrast, he said, more than 900,000 Germans were captured in April and the number of enemy killed and wounded has been high.

Huge Prisoner Bag

Since the landings in France last June, he added, Allied forces have taken well over 2,100,000 prisoners.

A breakdown on total Army casualties: Killed, 162,505; wounded, 496,803; missing, 83,926; prisoners, 70,636 and 67,514. Of the wounded, 261,596 have returned to duty.

Similar figures of Navy losses: Killed, 38,035; wounded, 45,725; missing, 10,589; prisoners, 4,259.—*San Francisco Chronicle*, April 20.

Churchill Says British Casualties Total 502,396

London, April 10 (AP)—British armed forces suffered 502,396 casualties, including 216,287 dead, up to Feb. 28, Prime Minister Churchill told Commons today.

In addition 183,242 servicemen from the United Kingdom either are prisoners of war or internees in neutral countries, he said.

These figures do not include the deaths of members of the armed forces from natural causes or casualties of civilians or merchant seamen due to enemy action.

Churchill listed Canada's losses at 89,220, including 31,439 killed, 45,251 wounded and 8,367 prisoners, and Australia's at 87,256, including 18,430 killed, 35,595 wounded and 25,276 prisoners.—*Los Angeles Times*, April 11.

Jap War Dead Top 865,000

Washington, April 10 (AP)—More than 865,000 Japanese soldiers and sailors have died for their emperor since they went to war with the United States and Great Britain. Untold thousands more have died in China.

A study of reports, based on actually counted dead and on estimates, shows the enemy has lost 603,500 killed in land campaigns, including troopships sunk, and 262,000 navy dead.

American dead in all theaters were reported last week at 156,471 for the Army and 36,649 for the Navy.

The biggest Japanese toll has been taken in the Philippines campaign, where the dead now stand at more than 314,000. Fighting in Burma has accounted for an estimated 125,000.

Major Vogel Addresses PT Graduates

Major Emma E. Vogel, PT, Director of Physical Therapists, Office of The Surgeon General, addressed the graduating class of physical therapists who received their commissions as Second Lieutenants at Walter Reed General Hospital this month. In telling about her recent inspection trip in the European Theater, she said, "It is my belief that the most important function of physical therapists in our overseas hospitals is to demonstrate to the medical world the value of early exercise and static contraction of muscles to prevent atrophy and deformity."

Educational Opportunities for Army Doctors

Since the start of World War II, over 6,000 selected medical officers have been graduated from short but intensive courses given by the Medical Department in some thirty critical medical and surgical specialties, according to Major General George F. Lull, Deputy Surgeon General. In addition, refresher courses in general medicine and surgery provide medical officers with a chance to "brush up" before returning to professional assignments after other duty.

Many doctors also benefit while in service from working under key professional personnel in military hospitals. Other medical officers who have been on duty with combat troops in the field are given an opportunity to brush up on their specialty through the rotation policy.

General Lull reported that 50 doctors have been reassigned from field to hospital duty during the past year in the Mediterranean Theater and "the merit of intratheater rotational plans has been pointed out to other theaters, and is being encouraged in order that the maximum number of doctors might receive refresher training while they are still in military service."

Naturally, professional training of medical corps officers during military service must be restricted to meet military rather than civilian requirements. However, General Lull said, The Surgeon General is keenly interested in the welfare of these doctors and will provide "insofar as is possible" opportunities for professional training.

In the post war period, he added, all doctors will be entitled to professional training, after their release from service, under the G. I. Bill of Rights, and those who remain in the Army will have the opportunity for refresher training at selected military hospitals and civilian schools.

More Medical Administrative Officers Graduated

The seventeenth class of officer candidates, composed of a selected group of enlisted men from the Medical Department, was graduated from Carlisle Barracks last month. The graduates won their commissions as Second Lieutenants in the Medical Administrative Corps on the basis of merit and outstanding performance of duty. Immediately after the exercises they left to take over their administrative duties, thereby relieving medical and dental officers for professional duty.

Horner's Syndrome.—The Swiss ophthalmologist, Johann Friedrich Horner, was at once a leading practitioner and teacher in his chosen profession. One of the pupils of von Graefe, he followed in the footsteps of the master, adding to the greater knowledge and more effective treatment of eye diseases. In 1869, he published an article "Concerning a Form of Ptosis," which comprised one of the discoveries in internal medicine in the first half of that century.—Warner's *Calendar of Medical History*.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Wartime Graduate Medical Meetings in California

The *Bulletin* of the Wartime Graduate Medical Meetings of April 15, lists the following meetings for Regions 23 and 24:

Region No. 23 (Nevada, Northern California)—Dr. S. R. Mettier, Chairman; Dr. E. H. Falconer, Dr. D. N. Richards.

Letterman General Hospital, San Francisco, California:

April 21—Psychosomatic Medicine—Dr. Karl Bowman.

At recent sessions at this hospital, Drs. Francis Chamberlain, Herbert F. Traut, Theodore L. Althausen, Leon Goldman, Earl R. Miller, William J. Kerr and Paul M. Aggeler have appeared on the programs.

Station Hospital, Hamilton Field, California:

May 2—Early Postoperative Ambulation of Surgical Patients—Dr. H. Glenn Bell.

May 9—Peripheral Nerve Injuries—Dr. Howard A. Brown.

May 16—Fractures of the Extremities—Dr. Carl Anderson.

May 30—Diagnosis and Treatment of Arthritis—Dr. Stacy R. Mettier.

Station Hospital, Camp Roberts, California:

April 21—Psychosomatic Medicine—Dr. Douglas G. Campbell.

May 19—Diagnosis and Treatment of Arthritis—Dr. Hans Waine.

May 26—The Treatment of Poliomyelitis—Dr. Henry D. Brainerd.

Station Hospital, Chico Army Air Base, California:

April 19—Diagnosis of Deficiency Diseases—Dr. James F. Rinehart.

April 26—Newer Methods of Treatment of Heart Disease—Dr. Francis Chamberlain.

On March 22, Dr. William J. Kerr discussed "Peripheral Vascular Diseases" before the medical officers of this hospital.

Station Hospital, Fort McDowell, Angel Island, California:

April 27—Changing Trends in Syphilotherapy—Drs. Norman N. Epstein and Rees B. Rees, Jr.

Station Hospital, Stockton Army Air Base, California:

May 16—The Treatment of Syphilis—Dr. Norman N. Epstein.

May 30—Use and Misuse of Endocrine Preparations—Dr. Ernest W. Page.

Hammond General Hospital, Modesto, California:

April 18—Subject to be announced—Dr. Donald R. Smith.

May 30—Laboratory Aids in the Diagnosis of Disease—Dr. Jesse Carr.

"Resection of the Colon in Cancer, Colitis, Etc.," was the title of Dr. Leon Goldman's presentation on April 4 at this hospital.

Drs. Henry D. Brainerd, Albert H. Rowe and Alexander Simon took part in March programs at the Station Hospital, Camp Stoneman, California and DeWitt General Hospital, Auburn, California.

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

Region No. 24 (Southern California)—Lt. Comdr. G. C. Griffith, Chairman; Capt. H. P. Schenck, Dr. J. F. Churchill, Dr. W. A. Morrison.

Station Hospital, U. S. Naval Air Training Station, San Diego, California:

April 20—Treatment of Syphilis with Penicillin—Major Paul Recque.

A.A.F. Regional Hospital, Santa Ana, California:

April 17—Surgery of the Traumatic Abdomen—Dr. Charles Phillips and Commander Gaylord Bates.

Station Hospital, March Field, Riverside, California:

April 17—Blood Plasma and Blood Substitutes—Lieutenant-Colonel R. M. Jones.

Water Balance—Major Edward Schwartz.

On March 6, Dr. Paul M. Hamilton spoke on "Treatment of Acute Infectious Diseases," at the Torney General Hospital, Palm Springs, California, in place of the previously announced program.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

Hospital Construction Possible Through Federal-State Coöperation

If A.B. 600 is passed by the California Legislature it will authorize the State Department of Health to take the necessary steps to establish California's eligibility for benefits under the proposed Federal Hospital Construction Act—S. 191. (*Newsletter*, Feb. 1, 1945, page 2.) The need for new or renovated hospitals and health centers will be determined by a survey conducted by the State Department. Construction, with the aid of Federal funds, would begin after approval of the State Department's construction plan.

At the present time many counties and communities, particularly those in rural areas, are unable to support and maintain adequate facilities. S.B. 183 and S.B. 586 would allow for the formation of *hospital districts*. Such districts need not conform to county lines but might embrace a portion of one county or several counties depending upon population and financial resources. This procedure has been recommended by the American Public Health Association with respect to establishing district health departments rather than the present county units sometimes staffed by part-time personnel.

The Washington State Legislature has already passed similar bills. These and other health measures have been co-sponsored in Washington State Legislature by the Joint Junior Lobby, the State Department of Health, and the Union Labor Family Medical Care Committee.—Item from the "*News Letter*" of the Northern California Union Health Committee, issue of April 12, 1945.

Increase of Rate of Pay to Nurses and Other Hospital Employees

(COPY)

LUTHERAN HOSPITAL SOCIETY OF SOUTHERN CALIFORNIA
1414 South Hope Street
Los Angeles 15, California, April 16, 1945.

To the Members of the Attending Staff:

We have found it necessary in connection with the request from the nurses' organization, and in conference with the hospitals in Southern California, to increase the rate of pay of nurses and other employees. This basic increase for nurses will be \$15.00 per nurse per month, which we expect governmental regulations to approve.

Last year our payroll for the Society totaled \$1,548,-000.00 and with the present increase, the 1945 payroll will be more than \$2,000,000.00.

It is, of course, self-evident that these increases must be passed along in new rates to the patients. We are, therefore, announcing the following rate changes at the California and Santa Monica Hospitals to be effective on all admissions after April 23, 1945:

Rates will increase ward service by 50 cents per patient per day.

Rate increase in semi-private and private rooms by approximately \$1.00 per patient per day.

We also wish to announce that as soon as our costs decrease, a corresponding decrease will be made in the rates to the patients admitted. Even with these increases, we want to state that patients will be accepted on the basis of their economic status regardless of the basic rate structures in the institutions. Therefore, if you have any patient who you feel justifies lower rates than the schedule, this information should be transmitted to the Admitting Department, and such patients will be interviewed by our Social Service Workers and an equitable rate established in accordance with the ability of the people to pay. We also wish to reemphasize that these newly announced ward rates are on the same basis as our previous ward rates; that is, the rates are less than the cost of service. These rates are only possible by spreading the cost between private rooms and wards, and the private room patient actually assists in paying for ward accommodations.

Thanking you for your coöperation, we are,

Very truly yours,

LUTHERAN HOSPITAL SOCIETY
OF SOUTHERN CALIFORNIA
Ritz E. Heerman,
*Assistant Secretary and
General Manager*

(Note.—Concerning the above, a decision from a Federal Board later forbade the proposed changes in wage schedules. Old schedule therefore remains in operation.)

Board of Managers for Southern Pacific Hospital

Creation of a 13-member Board of Managers to manage the Hospital Department of Southern Pacific, with seven members to be selected by the employee-contributors and six by the carrier, is provided for by an award in San Francisco March 2 of a six-man arbitration board. The award became effective May 1, 1945.

The award is the outcome of an arbitration agreement entered into in 1944 by Southern Pacific Company and employees represented by 15 railway labor organizations, under provisions of the Railway Labor Act.

The railroad named as arbitrators L. B. McDonald, vice-president in charge of operations, and J. G. Torian, manager of personnel; the employees named M. H. Barney, vice-president, Order of Railway Conductors, and G. E. Leighty, vice-president, Order of Railroad Telegraphers; and the National Mediation Board named the Hon. Leif Erickson, former Associate Justice of the Montana Supreme Court, and Col. Grady Lewis, U. S. Army (retired), of Washington, D. C.

Hearings extended between January 24 and February 20 and included a visit to the Southern Pacific General Hospital at San Francisco. One of the questions involved creation of a Board of Managers upon which employees would have representation. Under the award six employee representatives will be selected by the 15 organizations which participated in the arbitration proceedings and the seventh by 14 organizations not appearing in the proceedings. The company will select six. Members will serve three-year terms.

"The Board of Managers," the award provides, "shall have general power to manager the business and financial affairs of the Hospital Department, including, in particular, the power to adopt and amend the Hospital Department rules, and to increase or reduce the scale of individual employee contributions. The Board of Managers shall not have the power to impose upon the carrier, or incur in its behalf, any financial or other obligation.

"The carrier shall appoint the chief surgeon, subject to the approval of the Board of Managers. The chief surgeon shall have the supervision and control of the professional services afforded by the Hospital Department. He shall appoint and fix the compensation of all physicians and surgeons subject to the approval of the Board of Managers and from time to time shall make and promulgate such rules and regulations as may be deemed necessary for the efficient government of the physicians and surgeons and the hospitals of the department and as shall be approved by the Board of Managers."

The award ruled against appointment of a full-time salaried representative of the employees having generally the duty of presenting complaints regarding service and hospitalization.

The award provides "the carrier shall pay to the Hospital Department for hospitalization of all on-duty injury cases a sum equal to one-half the total cost of all hospital and medical care furnished by the Hospital Department in treating on-duty injury cases."

Southern Pacific's Hospital Department is the oldest railroad hospital department in the United States. It was established in 1867.

(An item concerning the above also appeared in CALIFORNIA AND WESTERN MEDICINE, for March, on page 140.)

RAILROAD BROTHERHOODS IN FIGHT FOR REPRESENTATIVE HOSPITAL ADMINISTRATION

Seven men, representing 80,000 organized workers employed by the Southern Pacific, are to sit as a majority of the Southern Pacific Hospital Board of Managers. This was established in a recent decision of the Board of Arbitration in San Francisco. Responsibility of these representatives includes authorization to amend hospital rules, to determine employee contribution to the plan, and to pass on the appointment of the chief surgeon and his staff. Six of the union representatives are to be chosen from the fifteen Railroad Brotherhoods who sought a settlement of their grievances against the Southern Pacific, and the seventh member is to be chosen from fourteen other organizations comprising Railroad Brotherhoods, C.I.O., and A. F. of L. locals not party to the proceedings.

Majority control was awarded by the arbiters on the principle of "No taxation without representation." Company domination has been the rule since 1868 (77 years). Employees have made compulsory payments amounting to 98 per cent of the hospital department's income, yet had no voice in policy making. The recent decision gives financial control to the employees' representatives. In the past the Company's Claims Department adjusted claims and made cash settlements on the basis of records to which only they had access. Formerly, too, the company has used the hospital facilities (supported by the employees) to care for injuries for which the company was liable. This has contributed to a hospital deficit. Now the company is ordered to pay the hospital department one-half the cost of all on-duty injuries.

The case was presented by Sam C. Phillips, Vice-

President of the Brotherhood of Locomotive Firemen and Enginemen, and the major part of the factual material was prepared by the staff of the National Labor Bureau. The case has far-reaching implications, and may set a new precedent for consumer representation in existing medical care plans, a principle rarely provided for in such plans.—Item from the "News Letter" of the Northern California Union Health Committee, issue of April 12, 1945.

* * *

Editor's Note.—The Southern Pacific Hospital has been in operation for some 75 years, during which period many members of the California Medical Association have been on its medical staff. The changes authorized by the Board of Arbitration appointed by Federal authorities are of interest to physicians. In addition to the above news clipping, the Editor has been able to secure the following information from various sources:

* * *

The hospital department of the Southern Pacific has been operated as a bona fide department of the company since 1868. It is true that in excess of 90 per cent of the hospital department's income is derived from the employees' contributions (at present \$1.75 per month for each employee, including officers). On the other hand, there have been many years in which the department's income has not equaled the expenses, and the deficit has been made up by the Southern Pacific Company. Surpluses which may have accrued in other years have not been used to repay or return these advances, but have been used to improve the hospital facilities and plant. The Southern Pacific Company owns all of the hospital facilities and has always assumed the financial, legal, and, in fact, all responsibilities of the department.

Under the award by the Board of Arbitration, the newly formed Board of Managers, consisting of seven representatives of the employees and six appointed by the company, will manage the affairs (excluding, however, anything to do with medical or professional activities) of the department. They are without authority to commit Southern Pacific Company to the expenditure of any money or other services.

The award does require the Company to pay one-half the cost of hospitalization of on-duty injuries, and sets forth the formula for computing the cost of hospitalization. Heretofore the Company has been paying the hospital a blanket sum of \$60,000 per year which, in addition to other free services furnished by the Company, it has been felt compensates the department for the care of on-duty personal injuries for which the company may be entirely liable.

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

NFIP Appropriates \$1,267,600 For Expanded Physical Therapy Program

A critical shortage of qualified physical therapists which endangers the proper care of infantile paralysis victims has led the National Foundation for Infantile Paralysis to sponsor one of its largest projects. It involves an appropriation of \$1,267,600 for the training of these vitally needed specialists and has just been approved by our Board of Trustees, subsequent to approval by the Committee on Education and the General Advisory Committee at the recent semi-annual medical meeting.

Pointing out that present day medical treatment of

patients with infantile paralysis demands more and more physical therapy, President Basil O'Connor, in announcing the program, explained: "A physical therapist is a technician who uses physical agents such as heat, electricity, light, exercise, rest, muscle training and similar methods in contrast to the use of drugs, biological and surgical techniques.

"Today there are only 2,500 qualified physical therapists, of whom more than half are in the Armed Forces. With earlier and more extensive use of such methods of treatment, so imperative in the treatment of infantile paralysis, twice the number already trained could be used for this disease alone. It is estimated that an additional 5,000 could be used right now, not only for the treatment of infantile paralysis, but also for aiding recovery from many other diseases and disabilities."

The \$1,267,600 program developed under the guidance of a special committee established in the field of physical therapy consists of three parts:

(1) \$1,107,000 for scholarships to train new physical therapists.

(2) \$82,000 for fellowships to provide additional teachers and,

(3) \$78,600 for general development of the field of physical therapy. . . .

Preparation for entrance into approved schools of physical therapy requires graduation as a nurse, or physical educator, or two years' college training including biology and other basic sciences. Applications for scholarships should be made to the National Foundation or to the American Physiotherapy Association, 1790 Broadway, New York 19, N. Y.

"Outlook for Women in Occupations in the Medical Services"

The heavy wartime demand for trained therapists has led the Women's Bureau of the United States Department of Labor to bring two brochures off the press. Bulletin 203 No. 1 is captioned "Physical Therapists"; Bulletin 203 No. 2 has title, "Occupational Therapists." Copies of the bulletins may be secured by writing to the Director of the Women's Bureau, Frieda S. Miller, U. S. Department of Labor, Washington 25, D. C.

Unionizing Attempts Agitate Nurses Here

The subject of unionizing registered nurses, a potentially lucrative promoters' field in view of the 6,000 or 7,000 registered nurses in the Los Angeles area, is again agitating the profession here.

Higher pay, shorter hours, organized resistance to drafting nurses for service with soldiers and others in armed duties and other such subjects are said by some of the nurses to be principal topics for discussion among the union promoters.

In one large hospital particularly, unionization became so much a time-consuming topic of discussion among nurses and other hospital employees that there was concern because such institutions today already are heavily burdened with work under abnormal conditions created by the war.

Both C.I.O. and A.F.L. organizers are working the field. The C.I.O. State, County and Municipal Employees claims jurisdiction over nurses in the hospitals but its promoters have not been in any recent special campaign among the nurses, according to its leaders.

A.F.L. Registered Nurses' Union promoters have been more active. They began last fall to hold quiet meetings to which certain nurses were extended a "special" invitation with a request to bring 10 others. This plan has been

extended and many nurses have gone to such conclaves in Studio Carpenters' Hall, which now has become more noted as the headquarters for the current motion picture strike.

This union claims to have made some progress, after five years of work, but has not as yet accumulated enough member strength to force a contract with any of the principal hospitals here.

Some of the union promoters particularly attack as ineffectual the California State Nurses' Association, which has some 14,000 members and has been authorized to deal collectively for nurses in hospitals. Pro-association nurses meet this charge by declaring that the association is doing everything that can reasonably be done at this time but that it disdains to make use of rosy-hued promises to enlarge its dues-paying membership or to combat competition from hired union organizers.

The whole subject has become a lively and agitating topic not only among hospital nurses but also among private nurses who also are sought as union members.—*Los Angeles Times*, April 6.

C.M.A. CANCER COMMISSION

Cancer Control

Continued progress is being made in the control and eradication of cancer, one of the major causes of death among the American people. Scientific research, which has provided effective means for diagnosis and treatment, in early stages of the disease, may be expected to produce even more beneficial results.

One of the big needs is to educate the public to the importance of early discovery of cancer. That is the purpose of the late President's proclamation, calling for the observance during April of Cancer Control Month.

In its early stages, the disease can usually be eradicated, but when the growth is permitted to continue, control becomes more difficult and frequently impossible. Medical examination at periodic intervals is a wise precaution.

Cancer Control Month is a good time to have such a periodic checkup.—Editorial in *San Francisco Call-Bulletin*, April 16.

Cancer Fund Drive Starts

A drive by the Northern California finance committee of the American Cancer Society to raise \$150,000 in the San Francisco Bay Area to war against one of America's most dreaded diseases was gotten under way on April 16, at a dinner in the Rose Room of the Palace Hotel.

Speakers at the meeting, open to the public, included J. L. Neff, executive director of the American Cancer Society of New York; Dr. Ray Lyman Wilbur, chancellor of Stanford University; Lieut. Comdr. David A. Wood of Oak Knoll Hospital; Dr. James F. Rinehart of the State Department of Health and University of California, and Health Director Geiger.

J. W. Mailliard, Jr., chairman, pointed out that 50 per cent of the money which will be sought in a letter campaign will be expended directly in the Bay Area while the remainder will be used nationally for research and education. He said the total sought nationally is five million dollars.

Cancer Month

President Roosevelt has proclaimed the month of April "Cancer Control Month" and during this period the American Cancer Society is sponsoring a campaign to

raise a \$5,000,000 fund for research and to educate the public.

Need of such public education about this disease is shown by a recent Gallup Poll. This indicated that about two adults out of five are uncertain as to what type of disease cancer really is. Almost as many believe that cancer is incurable. Only about half of the people have any idea of the symptoms, very few could even guess as to its cause.

For a number of years the Cancer Association has been attempting to educate the public, and to implant the knowledge that, taken in time, cancer can be cured. They have been urging that a doctor should be consulted about any unusual growth or blemish on the skin. The campaign has brought results, the Gallup Poll showing that whereas in 1940 only 38 per cent of the people knew the symptoms, today 43 per cent of them do.

Cancer results in a greater number of deaths each year than does the present war. Anything that will reduce that loss and intense suffering which it brings, should have strong support.—San Jose *Mercury-Herald*.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

San Francisco Proposed as a Global Health Base

Dr. J. C. Geiger, director of public health in San Francisco, recently outlined a postwar international immunization program to control the spread of communicable disease from one country to another which he believes will be adopted by the nations of the world.

International air transport, Dr. Geiger said, will present new problems of health control. As San Francisco is expected to be one of the major airports of the world, he suggested that one of the proposed international health centers be established here.

"Germs don't recognize borders," Dr. Geiger reminded, "and, with airplanes traveling from one country to another within a matter of hours, the need for an international public health system of coöperation becomes of prime importance.

Dr. Geiger outlined such a plan with the following five suggestions:

1. A public health intelligence system should be set up to act as a clearing house for information concerning world public health. This could be done by organizing public health centers in key locations such as Singapore, Moscow, London, New York and San Francisco. Through these centers information concerning diseases and epidemics prevalent in all areas could be relayed and recorded.

2. An international health law should provide for adequate disinfection and spraying of airplanes before leaving infected areas.

3. Ships should be rat-proofed before leaving port. They should also be provided with epidemiologic intelligence, which would radio important medical information ahead to any port of destination before the ship arrives.

4. The public should be made to realize that there is such a thing as an immunization program against disease, and be required to observe its regulations.

5. The traveler should be given educational training on diseases prevalent in the various countries which he may visit and be cautioned in methods of avoiding such diseases or immunized against them.

"There is no reason," Dr. Geiger concluded, "that the immense knowledge gained by doctors and men of science on the control and cure of disease during wartime can't be pooled in peacetime."

"Eye" Bank for Blind Formed

Formation of the eye bank for Sight Restoration, Inc., a national organization which will collect and preserve corneal tissue from human eyes for transplantation to blind persons, was announced in New York on April 13.

The bank, which hopes to aid from 10,000 to 15,000 persons in the United States now blind with corneal defects, has been incorporated under the laws of New York State and twenty-two leading hospitals in New York City are affiliated with it.

Stanley Resor, president of J. Walter Thompson Company, advertising firm, has been elected president of the eye bank. Albert G. Milbank, president of the Milbank Memorial Fund, is chairman of the advisory council.

Famous Scenes in American Medical History

Some of the most celebrated and dramatic scenes in the history of American medicine were recently placed on exhibition in oils at the Enoch Pratt Library in Baltimore. Dean Cornwell, noted American muralist and genre painter, and member of the National Academy, is exhibiting the series of paintings he has executed to date for the "Pioneers of American Medicine" series for Wyeth Incorporated, well known drug concern of Philadelphia.

The exhibition records on canvas in faithful detail colorful events in American medicine which have gone down in history as marking another step forward in man's fight against disease and suffering.

As in the other arts and professions recognition was slow in coming to the American physician and surgeon for his contributions toward the advancement of medical science and knowledge, due to dependence on the great European universities and institutions. But beginning with the middle of the last century, American medicine and surgery began to make their influence felt throughout the world through the work of such celebrated pioneers as Dr. William Osler, who helped to establish Johns Hopkins University; Dr. Ephraim McDowell, father of abdominal surgery; Dr. William Beaumont, whose recorded observation of the action of the processes of the stomach during digestions is now a classic; William Proctor, Jr., father of American pharmacy; Major Walter Reed, who proved in a series of dramatic experiments that the female mosquito was the carrier of the dread disease, yellow fever; and others.

"The Dawn of Abdominal Surgery" shows Dr. Ephraim McDowell, then an unknown Kentucky surgeon, at that tense, dramatic moment as he prepared to perform an abdominal operation on Jane Todd Crawford to remove a large tumor. Dr. McDowell's reputation—and life—were at stake, for never had such an operation been successful. Outside the operating room a group of sullen townspeople milled, shouting threats should he fail. His success, and the path his stirring achievement blazed toward the development of abdominal surgery, provided the inspiration and motif for Mr. Cornwell's celebrated painting.

In the canvas, "Osler at Old Blockley," Mr. Cornwell has depicted the great and benign Dr. Osler during the period when he worked and taught at the Philadelphia General Hospital. The painting catches an inspiring phase of Dr. Osler's genius—his remarkable ability to inspire his students.

In "Beaumont and St. Martin," Mr. Cornwell has recorded one of the truly great and dramatic moments in American medical history—the intrepid Dr. William Beaumont studying the digestive processes through a hole in the stomach of one Alexis St. Martin, who had suffered a gunshot wound which had failed to heal. The patient submitted to protracted and careful experiments

by Dr. Beaumont which resulted in the first reliable information on digestion.

Other canvases in the series by Mr. Cornwell are, "The Father of American Pharmacy," a study of William Proctor, Jr., whose contributions to the profession of pharmacy are worldwide; and "Conquerors of Yellow Fever," a group portrait of the heroic band of men who risked their lives to determine the cause of yellow fever.

Dental Care

Good dental care should be made available to all children, everywhere in the country, regardless of family income, and to that end, Federal funds should be provided the Children's Bureau of the U. S. Department of Labor for use as grants to the States for development of such a comprehensive service. This recommendation, along with others put forward at a conference on dental care for children, in Washington, was recently reported by Dr. Martha M. Eliot, Associate Chief of the Bureau.

Attending the conference were outstanding men in the dental profession from private practice, dental schools, and the public-health field, and with them, representatives of allied professions including pediatricians and physicians specializing in nutrition.

As projected by the conference, dental services for children would be developed by the State health departments under a grant-in-aid program through funds made available by the Children's Bureau as part of the over-all program of health services for children. Care might be given through schools, hospitals, health centers and clinics, and in private offices. In remote areas, trailer clinics could be used.

Diphtheria Outbreaks in Europe

During the last three years, diphtheria has broken all bounds in Northern and Central Europe and thus become the leading epidemic disease, according to the Epidemiological Information Bulletin No. 4 issued by United Nations Relief and Rehabilitation Administration's (UNRRA) Health Division. Fifteen years ago diphtheria was at about the same level all over Europe. Up to 1940 it was steadily reduced in most countries, but in Germany it began to increase. From 49,000 cases in 1927 the number of cases reported in the original territory of

the Reich increased to 238,400 in 1943. In Norway, on the contrary, there were only 17 cases during the last six months before the German invasion.

The reduction of diphtheria among most of Germany's small neighbors had been brought about without systematic immunization, and the population was therefore not properly protected. This situation was all the more dangerous since a virulent type of diphtheria, not yielding to serum treatment had spread in Germany. From 3.5 per cent in 1938 the proportion of fatal cases rose to over 6 per cent in 1943. Cases among adults became frequent, and diphtheria appeared in the German army even as a fatal complication of chest wounds.

With the invasion came diphtheria carriers, and explosive epidemics soon appeared in Norway, the Netherlands, Belgium, northern France and Czechoslovakia. In the course of the three last years, there have been nearly 50,000 cases in Norway, and about 150,000 cases in the Netherlands, which has three times the population of Norway. In the Netherlands, death from diphtheria now runs barely behind the mortality from tuberculosis in spite of the increase of the latter disease. Only Great Britain and Hungary, where immunization had been pushed to the limit, experienced no rise whatever.

Socialized Medicine Perils Told

Dr. L. A. Alesen, Jr., Cites Pitfalls in Talk to District Clubs

Dr. L. A. Alesen, Jr., past president of the Los Angeles County Medical Association, admits the public health system of the United States and the medical care given its citizens are not perfect.

However, he insists that since it has increased the life expectancy of citizens some 20 years since 1880, it has exceeded anything accomplished by socialized medicine systems long practiced in Great Britain and Germany.

"There are those who now insist that we must look to the government for all medical care," Dr. Alesen told the Los Angeles District Federation of Business and Professional Women's Clubs recently.

Taxes Would Mount

"That means that we should put medicine under control of political bureaus and that costs under proposed legislation to this end would mount to \$12,000,000,000

(COPY)

Los Angeles City Health Department

THE TEN LEADING CAUSES OF DEATH IN LOS ANGELES CITY, 1944

Rank	Causes of Death	Number of Deaths	Per Cent of Total	Rate L. A. City	Rate 1942 U. S.
1.	Diseases of the Heart.....	6,007	31.7	332	295
2.	Cancer and Other Malignant Tumors.....	2,597	13.7	143	122
3.	Intracranial Lesions of Vascular Origin.....	1,343	7.1	74.2	90.2
4.	Nephritis (all forms).....	954	5.0	52.7	72.4
5.	Pneumonia and Influenza.....	887	4.7	49.0	55.7
6.	Tuberculosis (all forms).....	845	4.5	46.7	43.1
7.	Arteriosclerosis.....	841	4.4	46.5	
8.	Diabetes Mellitus.....	433	2.3	23.9	25.4
9.	Premature Birth.....	421	2.2	23.3*	25.8*
10.	Motor-Vehicle Accidents.....	392	2.1	21.7	21.2
	Total of Above Causes.....	14,841	78.3		
	Total (All Causes).....	18,959	100.0		

*Rates Computed on Population Basis.

It is constructive to review the major causes of death from time to time. Not many years ago, tuberculosis was the first cause of death and typhoid fever was high on the list. With the reduction in prevalence of these diseases, others, especially those of old age, are assuming a new importance. Diseases of the heart and cancer now lead the list.

It is obvious that much can be done to lower the death rate of several of these diseases. Cancer is just beginning to receive the consideration, as a preventable condition, that it deserves. Tuberculosis mortality has been reduced 50 per cent in the City of Los Angeles during the last fifteen years. It still, however, claims over 800 lives a year, more than all the other infectious diseases combined. Pneumonia mortality has dropped 47 per cent in Los Angeles in the last five years, since the advent of the sulfa drugs. Prematurity is the ninth leading cause of death in Los Angeles and demands the organized attention of the community.

per year. This is to be arrived at by a 12 per cent tax on all salaries, half of this to be deducted from the pay envelop and half paid by the employer."

That was only one phase of the Wagner-Dingell-Murray bill, now before Congress, which was discussed by the speaker. One of the dangers pointed out was the possible subsidy of medical education since 2 per cent of the entire amount, under provision of the bill, would be allotted to medical education under direction of the Surgeon General. This would make possible, Dr. Alesen said, control by the Surgeon General of all medical schools, the throttling of medical education and giving of opportunity for production of numberless "quacks."

Labor and the medical profession are anxious to get the same result, the medical care of all the people, the speaker said. They are only disagreed as to the method. The method proposed by the C.I.O., which the speaker discussed in some detail, he believes, would not achieve this end.

Two of the objections to this plan are its failure to provide any dental care, or to assure anything in the way of proper nursing for surgical cases or the otherwise seriously ill. The C.I.O. admits, he said, that it has been unable to solve these problems.

Death Rate Lower

"Lack of income does not bar people from medical care so often as people believe," Dr. Alesen said. "It has been the tradition of medicine to take care of the sick and refusals to do this because of doubt of payment of the fee are not so frequent as popularly believed. One proof of this is that our death rate for diphtheria, tuberculosis and other disease is far below that of England and Germany. While this is in part due to our better standards of living, it is also due to sound medical care and hospitalization.

"Members of the Los Angeles Medical Association, through the County Hospital, give an annual service of \$15,000,000 per year at the hospital and \$6,500,000 in other services," he said.

Dr. Alesen was one of the three speakers on the recent panel conducted by Dr. Paula Horn, the others discussing group plans for medical care and hospitalization.—Los Angeles Times.

Medical Finance

No function in society touches the life of the individual more intimately than does the medical profession. Therefore, it is imperative that the American people understand the broad problems of the American medical system.

The problem currently facing medicine and the people is, What kind of a medical system does this country want? Bills have been introduced in Congress which would place medicine and the health of the people in the hands of the Federal Government. Anxious to determine the attitude of the public on such proposals, the doctors, with typical thoroughness, sponsored a survey of opinion on the question. They found that the people have faith in the medical profession as it is now constituted, and are opposed to federal interference. They found, however, a desire for expansion of voluntary prepayment medical and hospital service plans. There are thousands of these plans in successful operation, covering about fifth of the entire population. Doctors, with the coöperation of business and industries, are working to extend such plans as rapidly as possible.

This country has produced miracles because its people have enjoyed the right of voluntary action—freedom. Modern medicine, no less than modern industry, is a product of that freedom. Socialized medicine would in-

roduce more compulsion into the life of the American people. Thus, it is not surprising to discover that they do not want socialized medicine.—San Francisco *Argonaut*, June 30.

Pulmonary tuberculosis is principally a disease of those between the ages of 15 and 45. This age group corresponds with that of the bulk of our industrial workers. This would, therefore, be particularly adapted to control by thorough industrial physical examinations followed by a sound and consistent policy of placement and medical supervision.—Wayne L. Rutter, M.D., and J. W. Dugger, M.D., *Industrial Medicine*.

Cost of Sylvatic Plague Eradication

UNIVERSITY OF CALIFORNIA

The George Williams Hooper Foundation

To the Editor:

Your recent letter relative to the amount of money that has been appropriated from Federal and State funds to carry on the work of eradication, etc., of sylvatic plague has remained unanswered since it was difficult to obtain accurate figures. I understand that, at least during the past two years, approximately \$240,000 have been budgeted and possibly spent. The amount of money which was used in previous years is not known but doubtless Dr. Halverson can furnish you with the data.

Sincerely yours,

(Signed) K. F. MEYER.

* * *

The following figures are the amounts actually budgeted by the State and Federal governments for the current biennium and the amounts requested for the ensuing biennial period:

Biennial period beginning		
7-1-43 and ending 6-30-45	State	Title VI
Amounts budgeted.....	\$150,420.00	\$87,370.00
Total	\$237,790.00	

Actual expenditures for the first year of this biennium are somewhat under the total amount budgeted, owing to vacancies in personnel and also to the fact that no equipment was replaced.

Biennial period beginning		
7-1-45 and ending 6-30-47	State	Title VI
Amounts budgeted.....	\$168,320.00	\$89,480.00
Total	\$257,800.00	

MEDICAL EPONYM

Stevens-Johnson Syndrome

"A New Eruptive Fever Associated with Stomatitis and Ophthalmia" was described by Albert M. Stevens (b. 1884) and Frank C. Johnson (1894-1934) of Columbia University and Bellevue Hospital in the *American Journal of Diseases of Children* (24:526-533, 1922). A portion of the article follows:

"During a period of three months we had the opportunity of observing two cases of an extraordinary, generalized eruption with continued fever, inflamed buccal mucosa and severe purulent conjunctivitis. . . .

. . . . No diagnosis could be made to correspond with the symptoms and course of the eruption in these two cases and no description was found of a skin condition in any degree comparable.

. . . . Here is a syndrome of dramatic onset, with fever, conjunctivitis and cutaneous eruption. The child is prostrated, the mouth and tongue are inflamed and raw, the eyelids are swollen and pus streams from the eyes. There is a course of three or more weeks of high fever, with leukopenia. The eruption, unlike any hitherto described, comes out progressively, for two weeks or more, matures